

Surveyor: Kelvin

REF: NS/INC/19014205/K15f392

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: PA6104APolicy No: 5105401380 (01/12/2018-30/11/2019)Claims No: MT/1057614-002

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 Sunk: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 8525H Yr Regn: 26/27Type: M.Car / M.Cycle / Bus / Van / Lorry / T/ Q / Prime Mover /

Truck / Trailer or

Make: Toyota Prius P.O. 1798Colour: Blue A/O: Insured / Std / NI / NASp. Reading: 271192 T/Radio: Ins Q / Std / NI / NA

Eng/No: _____

C/No: J70KB3F4303560824Gen. Cond: Good / Q / Poor / BurntSteering: In Q / Jammed / Leaked / Burnt orBrake: In Q / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Q / Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Sumit

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/8/19 D.O.I. 14/8/19Survey held at CPGE (Loyang)

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

Rear o/s.

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

Date / Time Action / Instruction

SH 8525H - CC3/EG 11901721/K1pb3 P.O.A - 28/04/2019 INC

PA 6104A - CC2/MIDA 1201907/13 D.O.A - 21/09/2018 L/S ~~PA~~29/8/19 Insured Lb \$7000 / 4 Rep.(F & A, 116.33 Red - 37%)

Date/Time, File Pass to?

30/08/19

1) Typ: 4

Date/Time, File Return to?

☐ : Prel. Report☒ : Final ReportDays Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$7,000/- H/S

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/8/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1057614-002	COMFORT TRANSPORTATON PTE LTD	SH 8525H	PA 6104A	9/8/2019	22:40	\$ 11,116.33
2	MT/1060148-001	COMFORT TRANSPORTATON PTE LTD	SHC 8820L	GZ 7437H	26/8/2019	12:30	\$ 3,288.72
3	MT/1058610-002	COMFORT TRANSPORTATON PTE LTD	SH 6470U	SMH 6859D	20/8/2019	11:10	\$ 9,030.18

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

09/08/2019 12:50

Vehicle No.(For Motor)

PA6104A

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5105401360		AR TRANSWEST BUS SERVICE	532476188	GBS	Third Party, Fire & Theft	PA6104A	PA6104A	01/12/2018	30/11/2019

COMFORT

Date/Time: 13.08.2019 15:05

Page 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305324143

CUSTOMER

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO.: 7010045

CUSTOMER ADDRESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717

CUSTOMER PHONE: 65508755

CUSTOMER TYPE: (R) (O)

(P)

SCOUT CARD NO.

REGN NO.:

SH 8525H

MILEAGE:

MAKE:

TOYOTA

FUEL:

E.....1/2.....F

MODEL:

PRIUS HYBRID(G4) 09.08.2019 22:40

DATE/TIME IN:

YR OF MANUF.

26.07.2017

TARGET DATE:

CHASSIS CODE:

JTDKB3FU303560821

COMPLETION DATE/TIME:

JOB DESCRIPTION

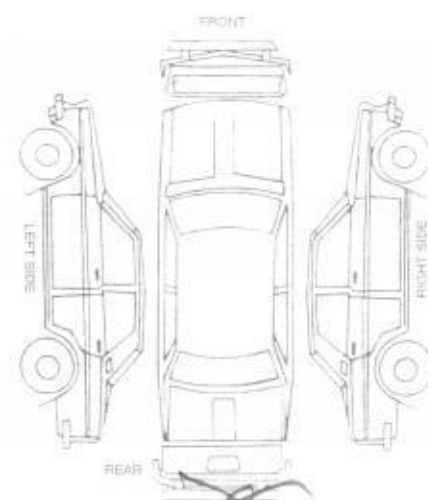
Accident Date: 09.08.2019

NATURE: 3P 09.08.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SH 8525H CHIANG

Signature of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8525H

Name of Service Advisor

Date

To be kept by Security Guard

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	13/08/2019 14:07
Date Of Accident	09/08/2019 22:40
Exact Location Of Accident	JURONG WEST ST 42 INFRONT OF BLK 416
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8525H
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	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	CHAN CHUN SIONG FREEMAN
NRIC No	S8320105C
Date Of Birth	24/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87271772
Fax Number	
Contact Number	
Email Address	CHANCHUNSIONG1983@GMAIL.COM

Address BLK 108B CANBERRA WALK #06-49
 Postcode 752108
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] SEMBAWANG N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190812/2054

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 PA6104A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category BUS
 Name of Driver ROSLI SAMSURI BIN MARDI
 NRIC/Passport Number S7370471E
 Contact Number 91070073
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHAN CHUN SIONG FREEMAN

Approximate Age

36

Injuries Sustain

PAIN ON NECK AND SHOULDER. ON 5 DAYS MC.

Injured person in which vehicle?

SH8525H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLANIMPORTANT 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. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13.08.2019@ 1200hrs

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

SKETCH PLAN

A- SH 8525H
B- PA 6104A

Along Jurong West Street 42 in front of Blk 416

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment : T/ 20190812/2054

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: 13.08.2019

Reporting Centre Personnel's Signature
Name: Lokesh

Name: _____
IRIC/FIN No.: _____

Loke Vvui Yieng



**SINGAPORE
POLICE FORCE**



T/20190812/2054

1 of 4

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20190812/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2019 16:09	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars

Name of Informant: CHAN CHUN SIONG, FREEMAN			Address: APT BLK 108B CANBERRA WALK #06-49 SINGAPORE 752108	
ID Type / ID No.: NRIC NO / S8320105C			Contact No.: Home/Office:	Mobile: 87271772
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 24/06/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2019 22:40	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST STREET 42				
Bus stop in front of block 416 Jurong west street 42.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
PA6104A	Bus/Coach/Mi nibus	TOYOTA	HIACE MANUAL	Silver	Slightly Damaged	0
SH8525H	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20190812/2054

2 of 4

Report No. T/20190812/2054

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver			
Name	ROSLI SAMSURI BIN MARDI	ID No.	S7370471E
Related Vehicle	PA6104A (Bus/Coach/Minibus)	Contact No.	91070073
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHAN CHUN SIONG, FREEMAN	ID No.	S8320105C
Related Vehicle	SH8525H (Car)	Contact No.	87271772
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2019	Date Discharge	10/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	KHOO GEE HOCK	ID No.	S1178501H
Related Vehicle	SH8525H (Car)	Contact No.	88764098
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 09/08/2019 at about 2240Hrs, I was driving my company vehicle, a blue Toyota Prius (SH8525H) from Comfort DelGro along Jurong west street 42 when I was alighting my passenger at the road side with my hazard light on when the vehicle behind, a silver mini bus (PA6104A) collided with the rear of my vehicle. My passenger and me were conscious and did not suffer any external injuries. However, the following day 10/08/2019 at about 1000Hrs I felt pain on my neck and my shoulder hence I went to the A&E of Khoo Teck Phuat hospital and the doctor gave me 5 days of MC. I have an in car footage. No police and no ambulance were at scene.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20190812/2054

3 of 4

Report No. T/20190812/2054

CONTINUATION OF REPORT

Sketch Plan Pg. 6



**SINGAPORE
POLICE FORCE**



T/20190812/2054

4 of 4

Report No. T/20190812/2054

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

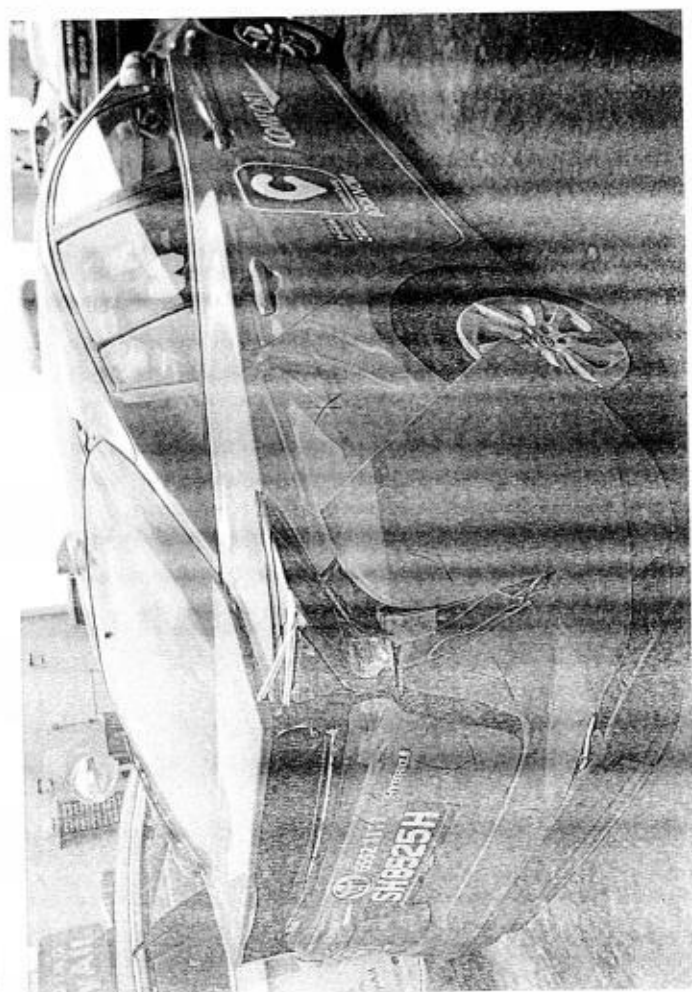
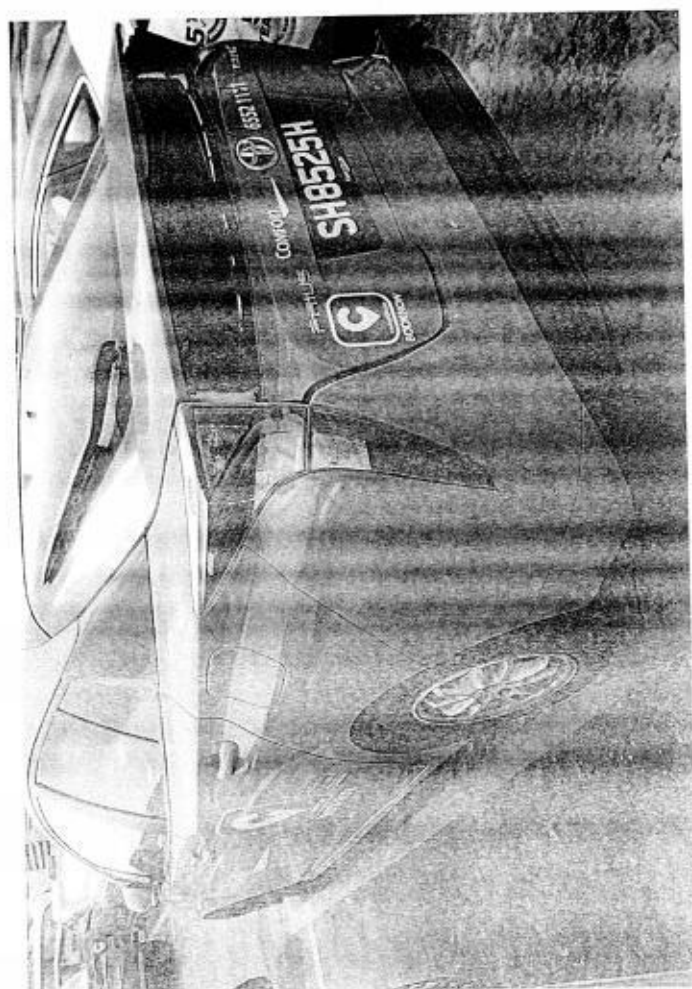
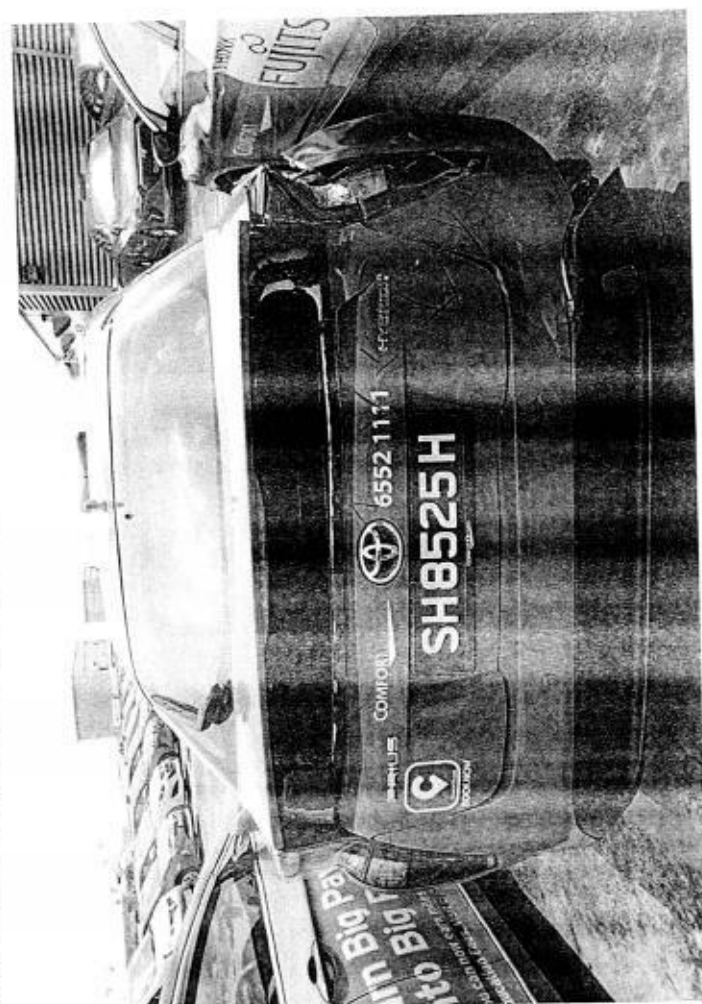
Sketch Plan

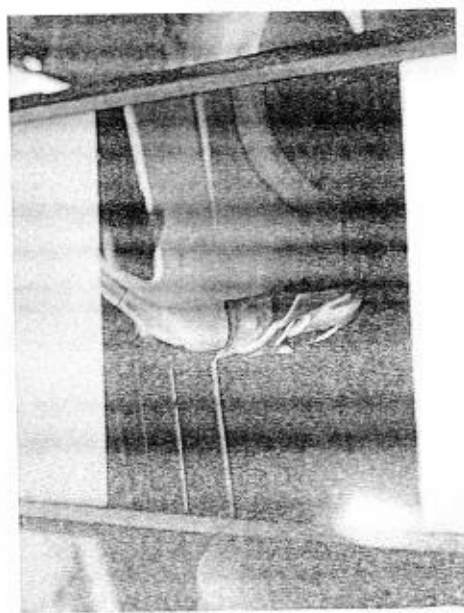
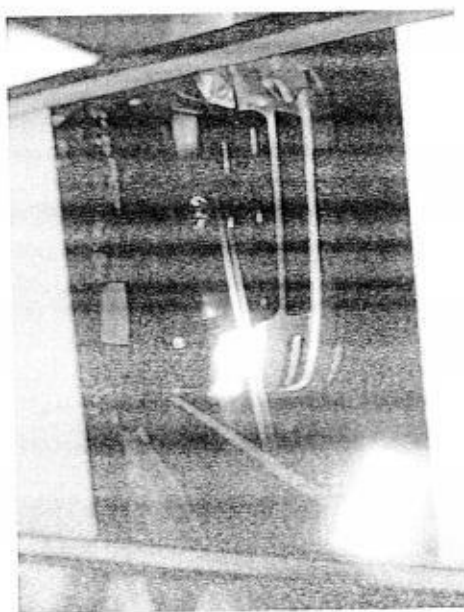
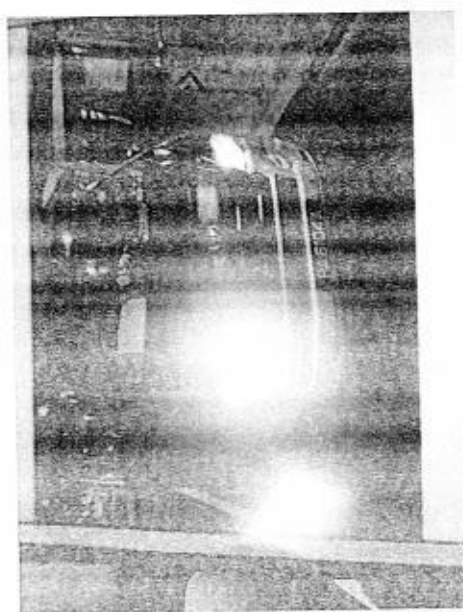
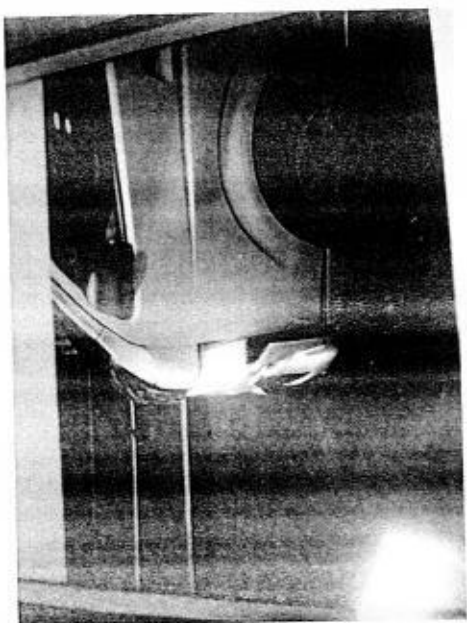
Informant is not able to provide sketch plan

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: L / Sgt 1 LIM JING KAI, DARYL JEROME	Signature Of Informant: x
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2019 16:09
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case: SN 130
Authentication Stamp NP168	Signature:

Singapore Police Force





REPAIR ESTIMATE

VEHICLE NO: SH 8525H

14/8/2019 10:14

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <i>Beantles</i>			\$ 1,126.60
REAR TRUNK LID COVER TRIM BOARD <i>on</i>			\$ 254.40
REAR TRUNK LID GLASS (BLACK COLOR) <i>slitline</i>			\$ 733.50
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>on</i>			\$ 889.70
REAR TRUNK LID LOGO(PRIUS) <i>on</i>			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) <i>on</i>			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) <i>on</i>			\$ 47.00
ROOF TOP GARNISH SUB, RH <i>on</i>			\$ 75.00
REAR BUMPER <i>Rebuilt</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>Post</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>on</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X on</i>			\$ 112.70
REAR BUMPER CLIPS <i>on</i>			\$ 22.00
TAIL LAMP ASSY (UPPER) (RH) <i>on</i>			\$ 557.90
TAIL LAMP ASSY (LOWER) (RH) <i>on</i>			\$ 548.40
REAR END PANEL <i>X Repair</i>			\$ 602.10
REAR END PANEL GARNISH <i>X on</i>			\$ 165.80
REAR FENDER, RH <i>Beantles</i>			\$ 836.70
REAR FENDER INNER PANEL, RH <i>X repair</i>			\$ 728.00
REAR FENDER SHEILD (RH) <i>X on</i>			\$ 134.20
REAR WINDSCREEN GLASS WITH MOULDING <i>on</i>			\$ 1,778.30
REAR WHEEL HUB CAP, RH <i>X on</i>			\$ 177.70
SUB TOTAL			\$ 10,225.80
LESS 25%			\$ 2,556.45
DISCOUNTED TOTAL			\$ 7,669.35
REAR TRUNK LID APPS STICKER <i>on</i>			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STCIKER <i>on</i>			\$ 60.00
REAR BUMPER REVERSE SENSOR <i>slitline</i>			\$ 135.70
REAR WINDSCREEN SEALANT <i>on</i>			\$ 46.00
			\$ 281.70
LABOUR CHARGE			
Panel Beating			\$ 800.00
Spray Painting Charge			\$ 1,200.00
Wiring Charge			\$ 50.00
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			\$ 2,450.00
ESTIMATE TOTAL			\$ 10,401.05

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.

11,116.33

[illegible]

FINALIZATION FORM

Fax :

09/08/19

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

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost

\$7000.00

3. Estimated normal period for repairs: 4 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : _____

Name : Kalah

Date : 29/8/19

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		N		
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

REPAIR ESTIMATE

Date: 28.08.2019

Time: 08:45:40

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 : 305324405
REGN NO : SH 8525H
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 26.07.2017
DATE/TIME IN : 09.08.2019 22:40
ACCIDENT DATE : 09.08.2019

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	04-01-0302-2256-G	PRIG4 PANEL SUB-ASSY BACK	1	1,126.60	25.00	844.95
0003	04-01-0302-2257-G	PRIG4 GLASS BACK WINDOW F	1	733.50	25.00	550.12
0004	04-01-0302-2258-G	PRIG4 GLASS BACK DOOR	1	1,554.90	25.00	1,166.17
0005	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00	25.00	35.25
0006	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0007	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0008	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00	2.50-	30.00
0009	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00	0.25	40.00
0010	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00	0.03-	30.00
0011	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0012	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10
0013	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 28.08.2019

Time: 08:45:40

Page: 3

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

JOB NO : 305324405
REGN NO : SH 8525H
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 26.07.2017
DATE/TIME IN : 09.08.2019 22:4
ACCIDENT DATE : 09.08.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 PB	PANEL BEATING			600.00		
0001 SP	SPRAYPAINT CHARGE			800.00		
0002 17-01	CHECK ALL LIGHTING			20.00		
0003 20-00	TUFF COAT ON AFFECTED PARTS.			20.00		
0004 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR				50.00	
0005 20-06-210R	REMOVE & REPLACE REAR W/SCREEN.				100.00	
0006 20-22	REMOVE/REFIX REVERSE SENSOR			30.00		
SUB-TOTAL						: 1,620.00
TOTAL						: 8,453.63

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 Ref: NS/INC19014205/K1sf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 12-09-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PA 6104A	Veh. Inspected	SH 8525H
Policy No.	5105401380	Coverage (\$)	0.00
Claim No.	MT/1057614-002	Excess (\$)	0.00
Assign From		Assign Date	14/08/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU303560821	Colour	BLUE
Odometer	271192	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.
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5. General Information

Accident Date	09/08/2019	Inspection Date	14/08/2019
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:	4 Working Days
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**National Assessment Centre Services**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8525H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TRUNK LID COVER	BUCKLED	1,126.60	1,126.60
1	REAR TRUNK LID COVER TRIM BOARD	CRACKED	254.40	254.40
1	REAR TRUNK LID GLASS (BLACK COLOR)	SHATTERED	733.50	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	ROOF TOP GARNISH SUB, RH	MISSING	75.00	75.00
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	SERVICEABLE	112.70	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAIL LAMP ASSY (UPPER) (RH)	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER) (RH)	CRACKED	548.40	548.40
1	REAR END PANEL	TO REPAIR SEE LABOUR	602.10	-
1	REAR END PANEL GARNISH	SERVICEABLE	165.80	-
1	REAR FENDER, RH	BUCKLED	836.70	836.70
1	REAR FENDER INNER PANEL, RH	TO REPAIR SEE LABOUR	728.00	-
1	REAR FENDER SHIELD (RH)	SERVICEABLE	134.20	-
1	REAR WINDSCREEN GLASS WITH MOULDING	NECESSARY	1,778.30	1,778.30
1	REAR WHEEL HUB CAP, RH	SERVICEABLE	177.70	-
1	BOOT LID SPOILER	CRACKED	953.70	953.70
	LESS 25% DISCOUNT		-2,794.87	-2,314.75
			8,384.63	6,944.25
<u>SPECIAL NETT ITEMS</u>				
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (SN)	NECESSARY	60.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			281.70	281.70
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR END PANEL AND REAR FENDER INNER PANEL, RH.		800.00	600.00
	SPRAY PAINTING CHARGE.		1,200.00	800.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			2,450.00	1,620.00
GRAND TOTAL			11,116.33	8,845.95
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				7,000.00

Report Ref No. NS/INC19014205/K1sf3s2

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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