

Surveyor: Kalvin

REF: NTUC

NS/INC19017561/K1VD3N2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKA 2845E

Policy No. 5045.632095-01 (09/11/2018-08/11/2019)

Claims No. MT/1065208-002

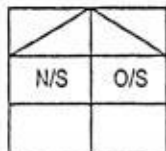
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Veh No: SH 76394 Yr Regn: 7 Sep, 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: 335324 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J7PKBJF4603563809

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R5

R: _____

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

TOYO / YOKO or Devanti

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 2/10/19 D.O.I. 4/10/19

Survey held at C/DHE (Loyang)

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH 76394-CR/FCT/19017554/Asd3 DOA: 2/10/19 JMC
	SKA 2845E-CR/FCT/19017554/Asd3 DOA: 2/10/19 Y.
10/10/19	Chd 4/5 \$3200/4 Pys. (Red 10243.33, 7619)
RECEIVED 14 OCT 2019	

Date/Time, File Pass to? ☐ : Prell. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 11/10 - typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI☐ : Interview (\$ _____) Photos

TP Claims against NTUC Income: Follow-Through Survey

Date : 10/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1065708-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 3754C	SMG 6777L	6/10/2019	17:35	\$ 2,281.92
2	MT/1065379-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7102B	PC 1120A	03/10/2019	20:30	\$ 5,860.26
3	MT/1065680-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 1109D	GY 6241S	3/10/2019	9:45	\$ 4,389.62
4	MT/1065208-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7639U	SKA 2845E	2/10/2019	20:00	\$ 13,443.33
5	MT/1065969-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 7670J	SLF 1734K	5/10/2019	19:50	\$ 7,235.00
6	MT/1066450 -001	COMFORTDELGRO ENGINEERING PTE LTD	SH 8891A	SJC 5888M	5/10/2019	14:15	\$ 1,242.40

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="02/10/2019 09:28"/>
Vehicle No.(For Motor)	<input type="text" value="SKA2845E"/>	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="radio"/>	5095632095-01		GOH JIA QING, DONAVAN (WU JIAQING)	S8811612G	GPC	drive CLASSIC	SKA2845E	SKA2845E	09/11/2018	08/11/2019

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	03/10/2019 13:58
Date Of Accident	02/10/2019 20:00
Exact Location Of Accident	AIRPORT ROAD TWDS TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7639U
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	TENG PENG SOON
NRIC No	S0190634H
Date Of Birth	20/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	14/02/1973
Driving Experience	46 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91079178
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 115 HOUGANG AVENUE 1 #12-1322
Postcode	530115
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	DRIZZLING
Road Surface	WET

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)	1

Details of Police Action

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

Circumstances of Accident

REFER POLICE REPORT NO: T/20191003/2063

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	SKA2845E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH JIA QING DONAVAN
NRIC/Passport Number	
Contact Number	91710535
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TENG PENG SOON
Approximate Age	
Injuries Sustain	RIGHT NECK, SHOULDER & MID-SECTION OF TORSO
Injured person in which vehicle?	SH7639U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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.
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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:

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

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

Loke Wai Yeng

SHAWAN STEPSYSTEMS, V2



SKETCH PLAN

Airport Road

Two's
Campines
Road

A: SH 16390
B: PKA 2845E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report.

T/20191003/2063

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: _____

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

Loke Wai Yiang



**SINGAPORE
POLICE FORCE**



T/20191003/2063

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20191003/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2019 12:31		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: TENG PENG SOON			Address: APT BLK 115 HOUGANG AVENUE 1 #12-1322 SINGAPORE 530115		
ID Type / ID No.: NRIC NO / S0190634H			Contact No.: Home/Office: Mobile: 91079178		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 20/08/1953	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

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 AIRPORT ROAD TOWARDS TAMPINES ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7639U	Car					0
SKA2845E	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191003/2063

3 of 3

Report No. T/20191003/2063

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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:
G /
Sr Staff Sgt ZAMALOKMAN BIN BUJANG

Signature Of Informant:

Ben Jeng

Signature Of Interpreter:
Not applicable

Date/Time:
03/10/2019 12:31

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP 68 SINGAPORE
POLICE FORCE

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20191003/2063

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20191003/2063

CONTINUATION OF REPORT

Driver			
Name	TENG PENG SOON		ID No. S0190634H
Related Vehicle	SH7639U (Car)		Contact No. 91079178
Hospital/Clinic	OEI FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	03/10/2019	Date Discharge	03/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	GOH JIA QING DONAVAN		ID No. S8811612G
Related Vehicle	SKA2845E (Car)		Contact No. 91710535
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	NIL

Brief Details.

On 02/10/2019 at about 2000hrs I was driving my taxi SH7639U on the first lane along Airport Road towards Tampines Road. There was a lorry in front of me that was slowing down, as such I also slowed down my taxi. All of a sudden there was an impact from the back that caused my taxi to surge forward. After I stopped my taxi I got out to check what happened. I discovered that a car SKA2845E had collided into the rear of my taxi. I checked with the driver of the said car, and was informed that he had no immediate injuries. Neither police nor ambulance was called to the scene. After we exchanged particulars and contact details, I drove off from the accident scene to send my damaged taxi to Comfort Loyang Drive.

On 03/10/2019 morning I woke up and felt pain on the right side of my neck area, my right shoulder area and my right midsection of my torso. I went for medical checkup and was given five days medical leave.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508959
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156
7 Sungei Kartur Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 03.10.2019 16:44

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305338517

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SH 7639U	MILEAGE
/MS	7010045	MAKE: TOYOTA	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL	PRIUS HYBRID(G4)02.10.2019 21:40
DRESS	Singapore SINGAPORE 575717	YR OF MANU	07.09.2017
(R)	65508755	CHASSIS CODE	JTDKB3FU603563809
(P)	(O)	COMPLETION DATE/TIME:	
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 02.10.2019

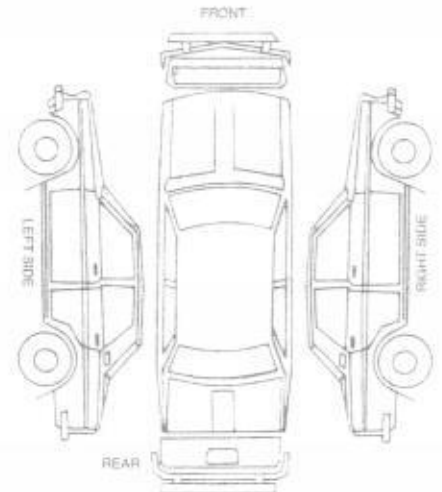
NATURE: 3P 02.10.2019

S/NO

LABOR CODE

DESCRIPTION

Wtuc - Rear



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

1st:

No.:

Vehicle No.:

SH 7639U

LARRY

Vehicle No.:

SH 7639U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO: SH 7639U

3/10/2019 15:34

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR TRUNK LID COVER <i>x rpr</i>			\$ 1,126.60	
REAR TRUNK LID LOCK <i>x su</i>			\$ 457.90	
REAR TRUNK LID GLASS (BLACK COLOR) <i>x su</i>			\$ 733.50	
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>cr</i>			\$ 889.70	
REAR TRUNK LID LOGO(PRIUS) <i>acc</i>			\$ 52.90	
REAR TRUNK LID LOGO(HYBRID) <i>acc</i>			\$ 52.90	
REAR TRUNK LID LOGO(TOYOTA STAR) <i>acc</i>			\$ 47.00	
REAR BUMPER <i>But</i>			\$ 458.60	
REAR BUMPER RE-INFORCEMENT <i>But</i>			\$ 318.80	
REAR BUMPER UNDER COVER <i>acc</i>			\$ 552.60	
REAR BUMPER SIDE RETAINER <i>x su</i>			\$ 112.70	
REAR BUMPER CLIPS <i>acc</i>			\$ 22.00	
RETAINER, REAR BUMPER, SIDE, RH <i>x rpr</i>			\$ 94.80	
SEAL, REAR BUMPER SIDE, RH <i>x su</i>			\$ 148.40	
TAIL LAMP ASSY (UPPER) (RH) <i>x su</i>			\$ 557.90	
TAIL LAMP ASSY (LOWER) (RH) <i>cr</i>			\$ 548.40	
REAR END PANEL <i>x rpr</i>			\$ 602.10	
REAR END PANEL GARNISH <i>x su</i>			\$ 165.80	
REAR SPARE TYRE PANEL <i>x su</i>			\$ 667.70	
REAR SPARE TYRE CHUSHION (FLR BOARD CENTRE) <i>x su</i>			\$ 101.40	
REAR FLOOR UNDER COVER CENTRE <i>x su</i>			\$ 322.00	
REAR CROSSMEMBER UNDER COVER <i>x su</i>			\$ 353.00	
REAR FLOOR PANEL <i>x su</i>			\$ 2,850.50	
REAR WINDSCREEN GLASS WITH MOULDING <i>x su</i>			\$ 1,778.30	
SUB TOTAL			\$ 13,015.50	
LESS 25%			\$ 3,253.88	
DISCOUNTED TOTAL			\$ 9,761.63	
REAR NO. PLATE WITH TRIM COVER <i>x su</i>			\$ 100.00	NETT
REAR TRUNK LID APPS STICKER <i>acc</i>			\$ 40.00	NETT
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>acc</i>			\$ 60.00	NETT
REAR BUMPER REVERSE SENSOR <i>sticker</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>acc</i>			\$ 50.00	NETT
REAR WINDSCREEN SEALANT <i>x su</i>			\$ 46.00	NETT
			\$ 431.70	
LABOUR CHARGE				
Panel Beating			\$ 1,800.00	
Spray Painting Charge			\$ 1,000.00	600
Wiring Charge			\$ 50.00	20
Tuff Kote			\$ 50.00	x su
Remove/Refix Cushion & Upholstery Rear			\$ 150.00	50
Remove/Refix Rear Windscreen Glass			\$ 120.00	x su
Remove/Refix Reverse Sensor			\$ 80.00	20
TOTAL LABOUR			\$ 3,250.00	
ESTIMATE TOTAL			\$ 13,443.33	

Lary Ng

N-T-C

Resurvey Consultants hence notify the Insurer as of the following:

- To resurvey before/after spray painting
- To resurvey before/after part(s) during resurvey
- Part(s) are subject to confirmation
- This 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:

Kahar 16/10/19

4/10/19 1125h

4 Pys

4/5

Alta Rys p Lts

Our Job Ref No : 305338517

Date : 8. Oct. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7639U

Date of Accident: 2. Oct. 2019

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

1. The repair job shall bill to: NTUC SKA2845E

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

\$3200.00

~~\$3,000.00~~

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 amountSignature : 

Name : Lorry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 10/10/19

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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



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/INC19017561/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 15-10-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKA 2845E	Veh. Inspected	SH 7639U
Policy No.	5095632095-01	Coverage (\$)	0.00
Claim No.	MT/1065208-002	Excess (\$)	0.00
Assign From		Assign Date	04/10/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603563809	Colour	BLUE
Odometer	335324	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 PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	02/10/2019	Inspection Date	04/10/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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**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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7639U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TRUNK LID COVER	TO REPAIR SEE LABOUR	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	SERVICEABLE	112.70	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE, RH	TO REPAIR SEE LABOUR	94.80	-
1	SEAL, REAR BUMPER SIDE, RH	SERVICEABLE	148.40	-
1	TAIL LAMP ASSY (UPPER)(RH)	SERVICEABLE	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 SPARE TYRE PANEL	SERVICEABLE	667.70	-
1	REAR SPARE TYRE CHUSHION (FLR BOARD CENTRE)	SERVICEABLE	101.40	-
1	REAR FLOOR UNDER COVER CENTRE	SERVICEABLE	322.00	-
1	REAR CROSSMEMBER UNDER COVER	SERVICEABLE	353.00	-
1	REAR FLOOR PANEL	SERVICEABLE	2,850.50	-
1	REAR WINDSCREEN GLASS WITH MOULDING	SERVICEABLE	1,778.30	-
	LESS 25% DISCOUNT		-3,253.88	-735.73
			9,761.62	2,207.17
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO PLATE WITH TRIM COVER (SN)	SERVICEABLE	100.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
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
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			431.70	285.70
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR TRUNK LID COVER,RETAINER,REAR BUMPER,SIDE,RH AND REAR END PANEL.		1,800.00	800.00
	SPRAY PAINTING CHARGE.		1,000.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			3,250.00	1,500.00
GRAND TOTAL			13,443.32	3,992.87
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,200.00

Report Ref No. NS/INC19017561/K1vd3n2

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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