

# 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: GBD 38660  
 Policy No: 5112153120 (25/09/2019 - 24/09/2020)  
 Claims No: mt/1066246-002  
 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

Est. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GP / PR Score: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 2 days Res.: Yes or No  
 Loin Sum: \_\_\_\_\_ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN/OUT

Veh No: SHC 2983P Yr Regn: 29 MAY 2019  
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Tractor or

Make: TOYOTA PRINS C.C. 1,798

Colour: BLUE A/C: Insured / Std / Nil / NA

Sp. Reading: 62, 618 T/Radiq: Insured / Std / Nil / NA

Engl No: \_\_\_\_\_

C/No: JCDK83F4403080898

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SIRIm / STD A/RIm or

Tyre Siz: F: 195/65 R15

R: 11

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

TOYO / YOKO or

Front	Rear
R/Bal. 5 mm	R/Bal. 5 mm
L/Bal. 5 mm	L/Bal. 5 mm
D.O.A. 8/10/19	D.O.A. 9/10/19

Survey held at LODGE LOYANG

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

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

Date / Time	Action / Instruction
	GBD 38660 CC4/ASM18002691/K2ub3q2 DOA: 08/02/2019
	SHC 2983P: X
16/10/19	FINALIZE PART BY PART REPAIR \$1,676.02 / 2 DAY
	C\$ 292.13 Red - 15%
	RECEIVED 17 OCT 2019
	16/10/2019

Date/Time, File Past to? 12/10/19

1) Typist ☐ : Prelim Report ☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format:

Lump Sum / I.B. (\$ 1,676.02 r/p)

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ ) ☐ : S + H (\$ )

☐ : Interview (\$ ) ☐ : Photos

☐ : Tech. Invs (\$ ) ☐ : Other

☐ : Weekend (\$ )

TOTAL

160

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112153120		SUPER Q INTERNATIONAL PTE. LTD.	200703557E	GCV	Comprehensive	GBD3866D	GBD3866D	25/09/2019	24/09/2020

TP Claims against NTUC Income: Follow-Through Survey

Date: 16/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
2	<b>MT/1066246-002</b>	COMFORT TRANSPORTATION PTE LTD	SHC 2983P	GBD 3866D	08/10/2019	14:45	\$ 1,968.15	\$ 1,676.02

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

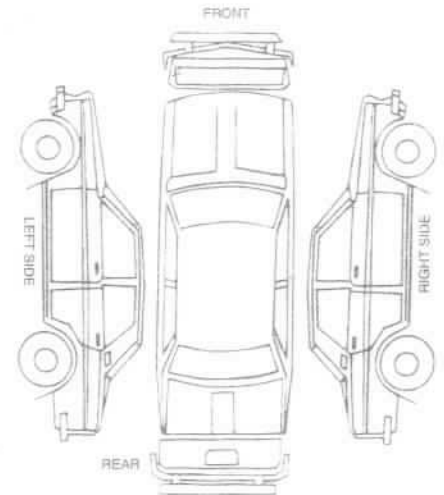
JC No.: 305340120

OMER	REGN NO.: SHC2983P	MILEAGE
S COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: TOYOTA	FUEL
OMER NO. 383 SIN MING DRIVE	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
ESS Singapore SINGAPORE 575717 65508755	DATE/TIME IN 08.10.2019 16:45	
(R)	YR OF MANU 29.05.2019	TARGET DATE
(P)	CHASSIS CODE JTDKB3FU403080898	COMPLETION DATE/TIME:
OUNT CARD NO.		

Accident Date: 08.10.2019  
NATURE: 3P 08.10.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC2983P

LIMITS

Vehicle No.: SHC2983P

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

**Re: SHC2983P - Finalize****Naz (LKKAuto)**

Wed 16/10/2019 12:20 PM

**To:** Lim Tien Siong <limts@cdge.com.sg>**Cc:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>; SUR <sur@lkkauto.com> 1 attachments (81 KB)

FINALIZED.pdf;

Dear Mr Lim,

Finalized Part by Part Repair \$1,676.02 / 2 Repair Days subject to insurance approval.

Thank you.

Best Regards,

**Naz** | Technical Investigator**LKK Auto Consultants**Phone: 6841-2157 | Email: [Naz@lkkauto.com](mailto:Naz@lkkauto.com) | Fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Lim Tien Siong <limts@cdge.com.sg>**Sent:** Monday, 14 October 2019 8:53 AM**To:** Naz (LKKAuto) <Naz@lkkauto.com>**Cc:** Calvin Ang (LKKAuto) <kalvinang@lkkauto.com>**Subject:** SHC2983P - Finalize

Hi Naz,

Finalize at PP \$ 1,676.02 and 02 repair days.

For photos - refer to your SD cards.

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

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**From:** canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>**Sent:** Monday, 14 October 2019 8:50 AM**To:** Lim Tien Siong**Subject:** Scan Image

## 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	09/10/2019 08:55
Date Of Accident	08/10/2019 14:45
Exact Location Of Accident	AIRPORT BOULAVARD (SLIP RD) TWDS AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2983P
<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	KANG TONG SAN (JIANG DONGSHAN)
NRIC No	S7639388E
Date Of Birth	26/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2000
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84820956
Fax Number	
Contact Number	
Email Address	ACEPING@GMAIL.COM

Address	BLK 329A ANCHORVALE STREET #03-509
Postcode	541329
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)	1

#### 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	GBD3866D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
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/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.

HOME OFF TRANSPORTATION POLICE  
CALL REG. NO: 18930362113

8/10/19

Reporting Centre  
Name:

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.:

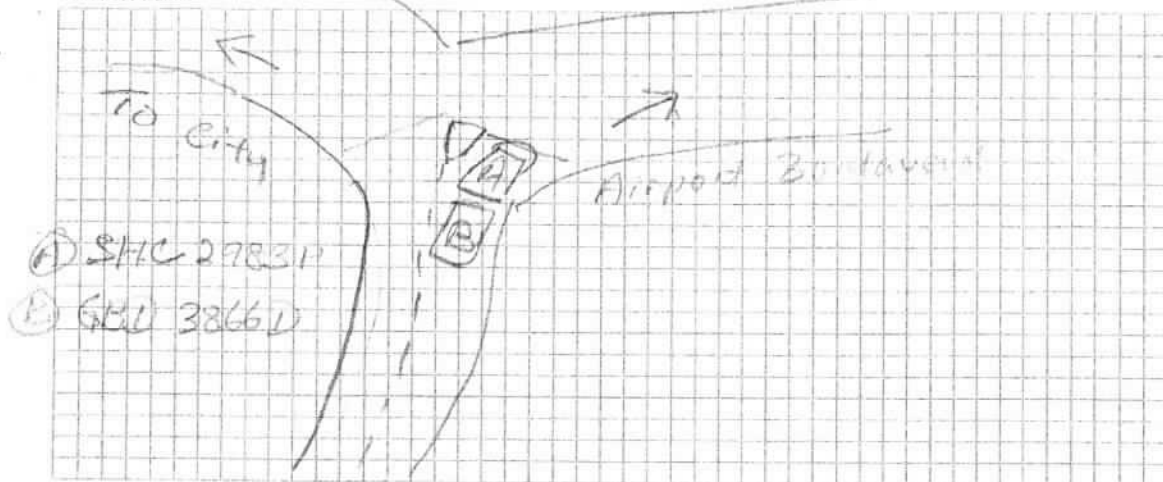
GIA/MA/ Sketch Plan Form\_02





# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/10/2019 at about 1445 hrs, I vehicle A was driving my taxi along Terminal 4 (slip road) toward Airport. While I was at the slip road to give to my right. Suddenly vehicle B came from behind bang onto vehicle A rear portion. NO one was injured at that time.

## 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:

COMFORT Transportation Form 1/3

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

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

8/10/19

REPORTING CENTRE  
(30)

JACKSON

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.10.2019

REPAIR ESTIMATE

Time: 10:50:39

Page: 1

NTUC-CP/P)  
LKE-

TS

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

JOB NO : 305340120  
 REGN NO : SHC2983P  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 29.05.2019  
 DATE/TIME IN : 08.10.2019 16:45  
 ACCIDENT DATE : 08.10.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2282-G	COVER REAR BUMPER	1	458.60	25.00	343.95	XSR / DEF
0002	04-01-0302-2287-G	GUARD-REAR BUMPER CENTER	1	552.60	25.00	414.45	/ CRK
0003	04-01-0302-2288-G	REINFORCEMENT-REAR BUMPER	1	318.80	25.00	239.10	XSR / BT
0004	04-01-0302-2286-G	REAR BUMPER-TOW HOOK COVE	1	82.70	25.00	62.02	/ DEF
0005	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	XSR / NEC
0006	09-01-0302-2005-A	REVERSE SENSOR ASSY	1	135.70	10.00	122.13	X SUC
0007	04-01-0302-1150-A	BUMPER PROTECTOR MAT	1	50.00		50.00	/ NEC
						1,076.025	SUB-TOTAL : 1,248.15

## JOB NATURE

0000	PB	PANEL BEATING		350.00		200	320
0001	SP	SPRAYPAINT CHARGE		250.00		200	
0002	L	R/I REVERSE SENSOR		120.00		30	
						SUB-TOTAL : 720.00	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 09.10.2019

Time: 10:50:39

Page: 2

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

JOB NO : 305340120  
REGN NO : SHC2983P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 29.05.2019  
DATE/TIME IN : 08.10.2019 16:45  
ACCIDENT DATE : 08.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,968.15

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

NA2 LKK

9/10/19 1515

PIP

2 DAYS

AFTER REPAIR PHOTOS

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:

Date:

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305340120  
Date : 14/10/19

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

## FINALIZATION FORM

To : LKK  
Attn : NAZ

Fax :

Vehicle Reg No. : SHC2983P Date of Accident : 08-Oct-19

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


1. The repair job shall bill to: NTUC --- GBD3866D
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$1,126.02
  - (b) Labour Charges \$550.00
  - Total for Part-By-Part Repair Cost \$1,676.02**
  - (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 : NAZ  
Date : 16/10/19

### 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		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  
REPAIR ESTIMATE

Date: 14.10.2019  
Time: 08:47:36  
Page: 1/2

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

JOB NO : 305340120  
REGN NO : SHC2983P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 29.05.2019  
DATE/TIME IN : 08.10.2019 16:45  
ACCIDENT DATE : 08.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	COVER REAR BUMPER	1	458.60	25.00	343.95	✓ DEP
0002	04-01-0302-2287-G	GUARD-REAR BUMPER CENTER	1	552.60	25.00	414.45	✓ CLK
0003	04-01-0302-2288-G	REINFORCEMENT-REAR BUMPER	1	318.80	25.00	239.10	✓ DT
0004	04-01-0302-2286-G	REAR BUMPER-TOW HOOK COVER	1	82.70	25.00	62.02	✓ DEP
0005	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	✓ NPL
0006	04-01-0302-1150-A	BUMPER PROTECTOR MAT	1	50.00	<del>2.50</del>	50.00	✓ NPL

SUB-TOTAL : 1,126.02

JOB NATURE

0000	PB	PANEL BEATING	320.00	✓
0001	SP	SPRAYPAINT CHARGE	200.00	✓
0002	L	R/I REVERSE SENSOR	30.00	✓

SUB-TOTAL : 550.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.10.2019

Time: 08:47:36

Page: 2/2

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

JOB NO : 305340120  
REGN NO : SHC2983P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 29.05.2019  
DATE/TIME IN : 08.10.2019 16:45  
ACCIDENT DATE : 08.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,676.02

  
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/INC19017993/Nsf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 22-10-2019



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 3866D	Veh. Inspected	SHC 2983P
Policy No.	5112153120	Coverage (\$)	0.00
Claim No.	MT/1066246-002	Excess (\$)	0.00
Assign From		Assign Date	09/10/2019

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU403080898	Colour	BLUE
Odometer	62618	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	GOODYEAR	5 mm
L/H Front Tyre	195/65 R15	GOODYEAR	5 mm
R/H Rear Tyre	195/65 R15	GOODYEAR	5 mm
L/H Rear Tyre	195/65 R15	GOODYEAR	5 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	08/10/2019	Inspection Date	09/10/2019
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:	2 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



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2983P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	COVER REAR BUMPER	DEFORMED	458.60	458.60
1	GUARD-REAR BUMPER CENTER	CRACKED	552.60	552.60
1	REINFORCEMENT-REAR BUMPER	BENT	318.80	318.80
1	REAR BUMPER-TOW HOOK COVE	DEFORMED	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-358.68	-358.68
			1,076.02	1,076.02
	<b><u>NETT ITEMS</u></b>			
1	REVERSE SENSOR ASSY (N)	SERVICEABLE	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	BUMPER PROTECTOR MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		350.00	320.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	30.00
			720.00	550.00
	<b>GRAND TOTAL</b>		<b>1,968.15</b>	<b>1,676.02</b>
	<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>			<b>1,676.02</b>

Report Ref No. NS/INC19017993/Nsf3e2

MUHAMMAD NAZRIL BIN ABDULLAH

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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