

ASSIGNMENT

From: [] Date: []
 Estimated Cost: []
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: []
 at Workshop no: []
 of []
 Insured: **SLP 8141Y**
 Policy No: **5105758811** (19/6/2019 -
 Claims No: **MTT/1067148-002**
 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
 Lim Sum: % 3 Val: Yes or No
 CA / REV / REP / 24 HRS
 Date: [] Person Contacted: [] Vehicle: IN / OUT



Veh No: **SHA 1761E** Yr Began: **03 10 2017**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / **(Taxi)** Prime Mover /
 Truck / Trailer or
 Make: **Toyota Prius Hybrid (G4)** REC: **1798**
 Colour: **blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **301933** T/Radio: Insured / Std / NI / NA
 Eng No: -
 C/No: **3TDKB3FU703565083**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Inorder** / Jammed / Leaked / Burnt or
 Brake: **Inorder** / Jammed / Leaked / Burnt or
 Mod: **NI** / 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 **DANANTI**
 Front: [] Rear: []
 R/Bal: **7** mm R/Bal: **7** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **15/10/19** D.O.I: **16/10/19**
 Survey held at: **comfort delgro (Loyang)**
 Des. of Damages: **rear** / **(Rear)** O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	SHA 1761E - (C3/18013200 / Klwb3g2) ... 2019/10/18 (NTUC)
	SLP 8141Y - (C3/MTI/8003209 / Kvb02) ... 2019/11/01 (L/S)
	L/S: \$5100/- confirm on 25/10/19 cred: 4225.95; 45%
	3 repair days

RECEIVED 30 OCT 2019

Date/Time: []
 : Prelim. Report
 : Final Report

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

Report Format: **TP**
 Lump Sum / L.B.I: (\$) **5100/-**

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

Survey Fee	160
Transportation	
Taxi	
Other	
TOTAL	160

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Friday, 25 October 2019 3:11 PM
To: Denise Tay (LKKAuto)
Subject: RE: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Please refer below

Please allow the claim officer 2-3 working days to respond to your case.

We appreciate if you do not respond to this email. Thank you

Best regards

Diana Tay
Senior Admin Assistant
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Friday, 25 October 2019 1:14 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 14/10/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1067148- 002	Comfort Delgro	SHA 1761E	SLLP 8141Y	15/10/2019	12:35	9325.95	5100

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5105758811		PROTESINGAPORE	53323305D	GFT	drive CLASSIC	SLP8141Y	SLP8141Y	19/06/2019	

Continue

Our Job Ref No : 305341916
 Date : 23/10/19

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

FINALIZATION FORM

To : LKK
 Attn : PARA
 : SHA1761E

Fax : _____
15/10/2019

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

1. The repair job shall bill to: NTUC SLP8141Y

2. The finalized amount shall be:

(a) Spare Parts after List discount _____

(b) Labour Charges _____

Total for Part-By-Part Repair Cost _____

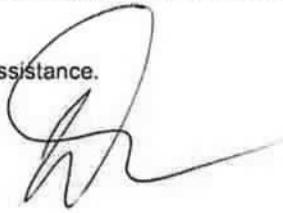
(c.) Lumpsum Repair (if applicable)
 Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$5,100.00

3. Estimated normal period for repairs: 3 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 : CHIANG
 Tel : 62148314
 Fax : 65468156

Signature : 
 Name : RAM
 Date : 25/10/19

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

REPAIR ESTIMATE

VEHICLE NO: SHA 1761E

MAKE :

MODEL : TOYOTA PRIUS

16/10/2019 14:24

6384.80

Change

Tonic

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <i>scr</i>			\$ 1,126.60
REAR TRUNK LID LOCK <i>xnn</i>			\$ 457.90
REAR TRUNK LID GLASS (BLACK COLOR) <i>rec</i>			\$ 733.50
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>cra</i>			\$ 889.70
REAR TRUNK LID LOGO (PRIUS) <i>rec</i>			\$ 52.90
REAR TRUNK LID LOGO (HYBRID) <i>rec</i>			\$ 52.90
REAR TRUNK LID LOGO (TOYOTA STAR) <i>rec</i>			\$ 47.00
REAR BUMPER <i>bu</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>pd</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>cra</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>xnn</i>			\$ 112.70
REAR BUMPER CLIPS <i>xnn</i>			\$ 22.00
RETAINER, REAR BUMPER, SIDE, LH <i>xnn</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, LH <i>scr</i>			\$ 148.40
TAIL LAMP ASSY (UPPER) (LH) <i>xnn</i>			\$ 557.90
TAIL LAMP ASSY (LOWER) (LH) <i>xnn</i>			\$ 548.40
REAR END PANEL <i>x repair</i>			\$ 602.10
REAR END PANEL GARNISH <i>xnn</i>			\$ 165.80
SUB TOTAL			\$ 6,942.60
LESS 25%			\$ 1,735.65
DISCOUNTED TOTAL			\$ 5,206.95
REAR NO. PLATE WITH TRIM COVER <i>Denial</i>		290.70	\$ 55.00
REAR TRUNK LID APPS STICKER <i>rec</i>	26.63		\$ 100.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>rec</i>			\$ 40.00
REAR BUMPER REVERSE SENSOR <i>sc</i>			\$ 60.00
REAR BUMPER RUBBER MAT <i>rec</i>	50		\$ 135.70
			\$ 50.00
			\$ 385.70
LABOUR CHARGE			
Panel Beating 2			\$ 800.00
Spray Painting Charge			\$ 750.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 50.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,730.00
ESTIMATE TOTAL			\$ 7,322.65

4788.27

8-1371

Glass 1080)

290.70

50

8310.7

Ram (LKK)
16/10/19 1500hr
aft repair
photo required
repair days 3
Parasuram@Lickart.com
88622770

19/10

6389.55

5100

NETT 26
NETT 54
NETT 36

9325.95

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.

8879.125

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHA 1761E

16/10/2019 14:24

lthc

MAKE :

Change

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <i>scr</i>			\$ 1,126.60
REAR TRUNK LID LOCK <i>xnn</i>			\$ 457.90
REAR TRUNK LID GLASS (BLACK COLOR) <i>nec</i>			\$ 733.50
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REAR TRUNK LID LOGO(PRIUS) <i>nec</i>			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) <i>nec</i>			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) <i>nec</i>			\$ 47.00
REAR BUMPER <i>BUK</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>DD</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>cra</i>			\$ 552.60
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			\$ 385.70
LABOUR CHARGE			
Panel Beating =			\$ 800.00
Spray Painting Charge			\$ 750.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 50.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,730.00
ESTIMATE TOTAL			\$ 7,322.65

Signature
16/10/19

Ram (LKK)
16/10/19 1500hr
aft repair
photo required
repair days 3
Parasuram@LKK
8562277A

NETT ~~3~~
NETT
NETT
NETT
NETT
\$40
\$100
\$20
\$36

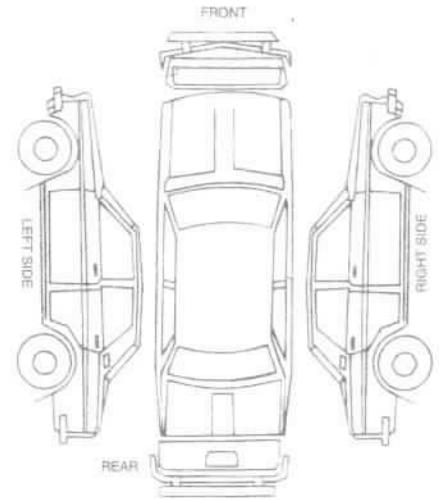
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CLS0)1 TOMER VS COMFORT TRANSPORTATION PTE LTD TOMER NO. 7010045 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	JOB CARD REGN NO.: SHA1761E MAKE: TOYOTA MODEL: PRIUS HYBRID(G4)15 DATE/TIME IN: 15.10.2019 15:05 YR OF MANU: 03.10.2017 CHASSIS CODE: JTDKB3FU703565083
Sales Order: JC NO.: 305341916 MILEAGE: FUEL: E.....1/2.....F TARGET DATE: COMPLETION DATE/TIME:	

Accident Date: 15.10.2019
NATURE: 3p 15.10.2019

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Workshop Acknowledgement Slip

No.: **SHA1761E** **CHIANG**

Signature/Date _____

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: **SHA1761E**

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	16/10/2019 13:34
Date Of Accident	15/10/2019 12:35
Exact Location Of Accident	CHIN SWEE RD TWDS AYE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1761E
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	ONG AH SAN
NRIC No	S2587280J
Date Of Birth	25/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1981
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92298901
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	166 05-1582 HOUGANG AVENUE 1
Postcode	530166
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES (10)
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8141Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIAN SEE OI
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR1397K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MAISY KOH

NRIC/Passport Number S7336273C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJV3156E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KUAN WEI ZHENG DAN

NRIC/Passport Number S8945604E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PAX

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? SLP8141Y

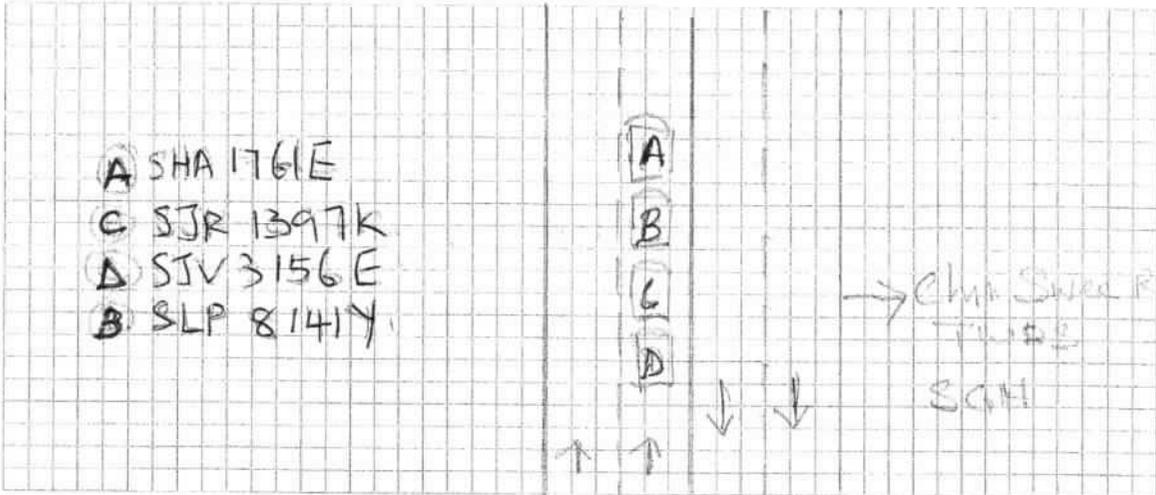
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report attached.

T/ 20191015/2125

DECLARATION

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

UMFORT TRANSPORTATION PTE LTD

Policyholder's Signature: 199303821R
Date & Time:

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

N. S. Manickavel

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



**SINGAPORE
POLICE FORCE**



T/20191015/2120

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 4

Report No. T/20191015/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2019 16:02	Vide Report No.: A/20191015/0073	Station Diary No.: 28
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: ONG AH SAN		Address: APT BLK 166 HOUGANG AVENUE 1 #05-1582 SINGAPORE 530166	
ID Type / ID No.: NRIC NO / S2587280J		Contact No.: Home/Office: Mobile: 92298901	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 25/11/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2019 12:35	Type of Location: Straight Road
Location: Along Road 1 CHIN SWEE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain Collision of 4 vehicles				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved							
	Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
A	SHA1761E	Car				Slightly Damaged	0
C	SJR1397K	Car				Slightly Damaged	0
D	SJV3156E	Car				Slightly Damaged	0
B	SLP8141Y	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191015/2120

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

2 of 4

Report No. T/20191015/2120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG AH SAN	ID No.	S2587280J
Related Vehicle	SHA1761E (Car)	Contact No.	92298901
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
Driver			
Name	MAISY KOH	ID No.	S7336273C
Related Vehicle	SJR1397K (Car)	Contact No.	NIL
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
Driver			
Name	KUAN WEI ZHENG DAN	ID No.	S8945604E
Related Vehicle	SJV3156E (Car)	Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20191015/2120

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 4

Report No. T/20191015/2120

CONTINUATION OF REPORT

Driver			
Name	YIAN SEE OI		ID No. S0086034D
Related Vehicle	SLP8141Y (Car)		Contact No. NIL
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 15/10/2019 at about 1235hrs, I was travelling on the right lane along Chin Swee Road. As the car in front of me braked, I also slowly applied my brake. Suddenly, I felt an impact from my rear. As such, I came down to make a check and realized three other vehicles were also involved. We then exchanged particulars. Police and ambulance also came to the scene ref A/20191015/0073. The passenger of SLP8141Y was conveyed to hospital from what I recalled. I wish to inform that I do not know which car caused the collision first.

I wish to inform that I have also handed over my camera memory card to the traffic police.



**SINGAPORE
POLICE FORCE**



T/20191015/2120

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

4 of 4

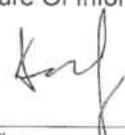
Report No. T/20191015/2120

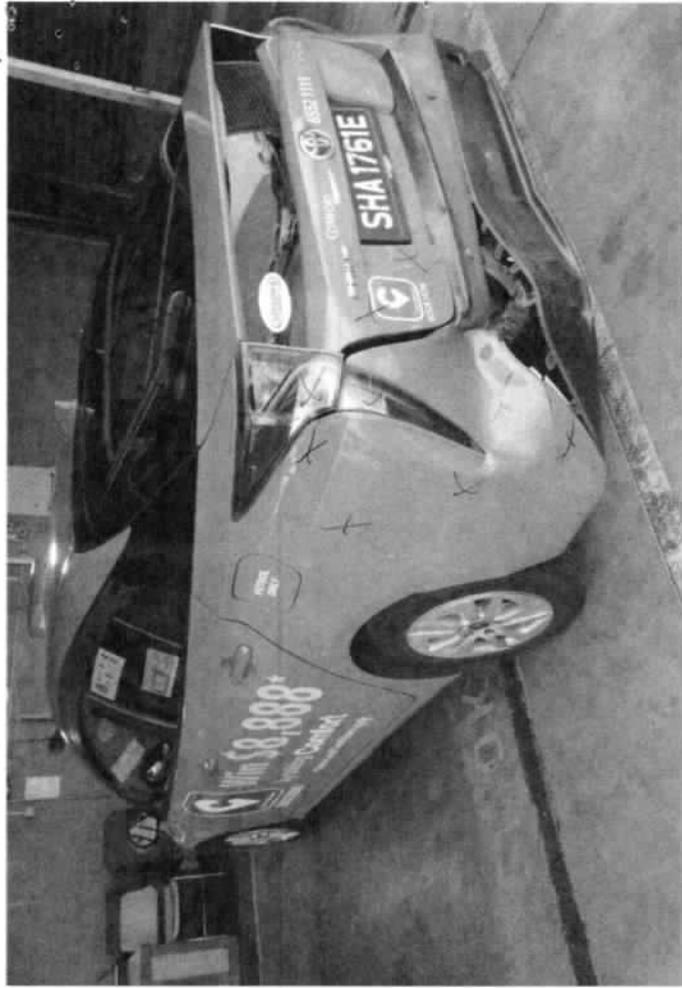
CONTINUATION OF REPORT

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: F / Sgt 2 LOW KAI TAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/10/2019 16:02
Officer In Charge Of Case: TP / GIT / Contact No.:	Classification Of Case:
Authentication Stamp NP168	







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/INC19018341/Ftd3e2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 06-11-2019	Code: INC4
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 8141Y	Veh. Inspected	SHA 1761E
Policy No.	5105758811	Coverage (\$)	0.00
Claim No.	MT/1067148-002	Excess (\$)	0.00
Assign From		Assign Date	16/10/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS HYBRID 1.8 CVT	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU703565083	Colour	BLUE
Odometer	301933	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
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.			
5. General Information			
Accident Date	15/10/2019	Inspection Date	16/10/2019
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



National Assessment Centre Services

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

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1761E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TRUNK LID COVER	SCRATCHED	1,126.60	1,126.60
1	REAR TRUNK LID LOCK	NOT NECESSARY	457.90	-
1	REAR TRUNK LID GLASS (BLACK COLOR)	NECESSARY	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	REAR BUMPER	BUCKLED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	DENTED	318.80	318.80
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
1	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	RETAINER, REAR BUMPER, SIDE, LH	NOT NECESSARY	94.80	-
1	SEAL, REAR BUMPER SIDE, LH	SCRATCHED	148.40	148.40
1	TAIL LAMP ASSY (UPPER) (LH)	NOT NECESSARY	557.90	-
1	TAIL LAMP ASSY (LOWER) (LH)	NOT NECESSARY	548.40	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	602.10	-
1	REAR END PANEL GARNISH	NOT NECESSARY	165.80	-
1	REAR TAIL GATE GLASS	NECESSARY	1,554.90	1,554.90
1	REAR BUMPER TOWING COVER	CUT	82.70	82.70
1	REAR TRUNK RUBBER STRIP	TORN	365.70	365.70
	LESS 25% DISCOUNT		-2,236.48	-1,596.08
			6,709.42	4,788.22
NETT ITEMS				
1	REAR TRUNK LID APPS STICKER (N)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (N)	NECESSARY	60.00	60.00
	LESS 10% DISCOUNT		-	-10.00
			100.00	90.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO. PLATE WITH TRIM COVER (SN)	DENTED	100.00	35.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORT CIRCUIT	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			285.70	220.70
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		800.00	640.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,730.00	1,290.00
GRAND TOTAL			8,825.12	6,388.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				5,100.00

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PARASURAM S/O SHANMUGAM

Asst. 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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