

ASS. REC. BY:

REF:

INC NS/INC 19021471/GS317

## ASSIGNMENT

From:

Date: 4.12.2019

Estimated Cost:

OD TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

~~SHC 1399~~

at Workshop n/s

Combsdelgro

of 59 Loyang Drive

Insured: SIN 90651

Policy No: 5103093464-01 (15/03/2019-14/04/2020)

Claims No: m/1074191-002

Sum Insured:

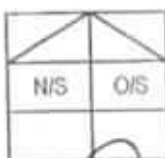
Excess:

(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: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

imp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHC 2905 R Yr Regn: 06 Oct 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Prius 1.8 C.C. 1798

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

483301

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU003569136

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: S/Rim / STD A/Rim or

Tyre Size:

F: 195/65R15

R: 11

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

TOYO / YOKO or

DAVANTI

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

04-12-19

Survey held at

w/s

12pm

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

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

Date / Time

Action / Instruction

SHC 2905R - NS/INC 19021471 / Liv 1m2

RCA - 13/04/2018

SIN 90651 - X

HS \$ 5,550/- @ 6 days  
 (\$ 6,875.88 Red - 55%)

RECEIVED 09 JAN 2020

Signature  
 8/1/2020

Date/Time, File Pass to?

09/01/20

1)

Type: 44

Date/Time, File Return to?

2)

Pop. Form:

Lump Sum / H.R.:

\$5,550/- 45

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Work. Insp (\$

Survey Fee:

Transportation:

S + RS (\$

Phone:

Other:

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 checked="" type="radio"/>	5103083464-01		NEO KENG KUANG [JIANG JIANGGUANG]	S71275771	GPC	Third Party	SJNB065T	SJNB065T	15/08/2019	14/08/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 08/01/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1073668-002	COMFORTDELGRO ENGINEERING	SHA2974B	FBD2080K	29/11/2019
2	MT/1073846-002	COMFORTDELGRO ENGINEERING	SHA2034P	SKL7517L	30/11/2019
3	MT/1074191-002	COMFORTDELGRO ENGINEERING	SHC2905R	SJN8065T	02/12/2019

## 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	03/12/2019 15:31
Date Of Accident	02/12/2019 02:45
Exact Location Of Accident	SLE TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2905R
<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	GOH ENG POH
NRIC No	S1685094B
Date Of Birth	15/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96606058
Fax Number	
Contact Number	
Email Address	DPRINTSGP@GMAIL.COM

Address	BLK 183A RIVERVALE CRESCENT #06-259
Postcode	541183
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?	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)	1

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20191202/2168

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN8065T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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)	

#### DETAILS OF INJURED PERSON 1

Name	GOH ENG POH
Approximate Age	54
Injuries Sustain	HIT ON RIGHT HEAD SWOLLEN. ON 5 DAYS MC.
Injured person in which vehicle?	SHC2905R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

**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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 109303821K

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 03.12.2019@14:00hrs

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

### SKETCH PLAN



A - SHC 2905R  
B - SJN 8065T

Along SLE TWDS CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20191202/2168

## 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: 03.12.2019  
@ 14:05 hrs

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





**SINGAPORE  
POLICE FORCE**



T/20191202/2168

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20191202/2168

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2019 21:39	Vide Report No.:	Station Diary No.: 187
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**Informant's Particulars**

Name of Informant: GOH ENG POH			Address: APT BLK 183A RIVERVALE CRESCENT #06-259 SINGAPORE 541183		
ID Type / ID No.: NRIC NO / S1685094B			Contact No.: Home/Office: Mobile: 96606058		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 15/08/1965	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2019 02:45	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY  Along SLE towards CTE at the 1km mark.				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SHC2905R	Taxi				Seriously Damaged	0
SJN8065T	Car				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191202/2168

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20191202/2168

**CONTINUATION OF REPORT**

Driver			
Name	GOH ENG POH	ID No.	S16850948
Related Vehicle	SHC2905R (Taxi)	Contact No.	96606058
Hospital/Clinic	Edgedale Medical Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/12/2019	Date Discharge	02/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

Reference to incident L/20191202/0044, I was advised to lodge a traffic accident report pertaining to the said incident.

On 02/12/2019 at about 0245hrs, I was driving along SLE towards CTE at the 1km mark before the turning bend, one car (SJN8065T) had hit onto my taxi rear area (SHC2905R). The weather is wet and it was drizzling. After the impact, my taxi skidded and turned 2 rounds. My taxi then managed to stop stationary and traffic police came to scene.

I have photos of the accident and traffic police had taken my in-car footage. I have seen doctor and doctor given me 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20191202/2168

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20191202/2168

**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 3 TEO JIA HAO, KENNETH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2019 21:39
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case: 31/003
Authentication Stamp NP168	



[> Back to OneMotoring](#)

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SHC2905R**

Make / Model  
**TOYOTA / PRIUS HYBRID 1.8 CVT**

Vehicle Type :

**H10 - Public Transport Taxi (Motor Car)**

Vehicle Attachment 1 :

**Air-Con (Taxi)**

Vehicle Scheme :

**Taxi (Company)**

Chassis No. :

**JTDKB3FU003569136**

Propellant :

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order: 3974580

JC NO: 305358940

MEMBER NO. 7010045  
 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 65508755

REGN NO.	SHC2905R	MILEAGE
MAKE	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN
YR OF MANU.	06.10.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU003569136	COMPLETION DATE/TIME

NTUC

UNIT CARD NO.

### JOB DESCRIPTION

Accident Date: 02.12.2019  
 NATURE: 3P 02.12.2019

S/NO 000010  
 LABOR CODE 23-01

DESCRIPTION  
 TOWING FEE (KING DOLLY) #150



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHC2905R LKE

Vehicle No.: SHC2905R

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>02/12/19</u> Time Received: <u>0420</u>		3. Vehicle Type:	4. <del>Normal</del> of Towing:
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis		<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Normal Tow
Name of Customer: <u>Get ENG POH</u>		<input checked="" type="checkbox"/> Taxi (CTPL/CCPL)	<input checked="" type="checkbox"/> King Dolly
Contact No.: <u>9660 6058</u>		<input type="checkbox"/> Fleet	<input type="checkbox"/> Flat Bed
Vehicle No.: <u>STC 2905R</u>		<input type="checkbox"/> STK (Boon Lay)	<input type="checkbox"/> Crane-up
Make/Model/Colour: <u>Toyota Prius</u>		5. Nature of Service:	6. Parts Replaced/Remarks:
Email: _____		<input type="checkbox"/> Jumpstart	_____
		<input type="checkbox"/> Recovery	_____
		<input type="checkbox"/> Change Tyre / Battery	_____

7. Location: <u>3000 A M K AVE 3</u>	8. Vehicle Tow - In Workshop:
9. Preferred Workshop:	<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed
<input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan	<input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty
<input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi	<input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty
<input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD)	<input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power
<input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled
	<input type="checkbox"/> Return Taxi

10. Odometer Reading: _____	11. Radio / CD Player
Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	<input type="checkbox"/> OK
	<input type="checkbox"/> Faulty
	<input type="checkbox"/> Not tested

### Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> OA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS	<p># : Cracked X : Dented / : Scratched O : Missing</p> <p><u>[Signature]</u> Signature of Customer</p>
Name of Driver: _____	
Vehicle No.: <u>GBE 2073 B</u>	
Time Dispatch: <u>0420</u>	
Time of Arrival: <u>0440</u>	
Time Completed: <u>0510</u>	

### Cash Invoice Details (if applicable)

13. Cash Invoice No.: _____
-----------------------------

### Customer Acknowledgement

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

<u>02/12/19</u> Date	<u>0440</u> Time	<u>[Signature]</u> Signature of Customer
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### 14. WORKSHOP

Name of Attending Staff/Guard: _____	Date & Time of Arrival: _____	Signature of Attending Staff/Guard: _____
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## REPAIR ESTIMATE

VEHICLE NO: SHC 2905R

3/12/2019 16:34

MAKE :

MODEL : TOYOTA PRIUS

Like

NTUC

P1

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER X repair			\$ 1,126.60
REAR TRUNK LID LOCK X NN			\$ 457.90
REAR TRUNK LID GLASS (BLACK COLOR) X NN			\$ 733.50
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE / Got			\$ 889.70
REAR TRUNK LID LOGO (PRIUS) /			\$ 52.90
REAR TRUNK LID LOGO (HYBRID) /			\$ 52.90
REAR TRUNK LID LOGO (TOYOTA STAR) /			\$ 47.00
REAR BUMPER / be			\$ 458.60
REAR BUMPER RE-INFORCEMENT / CRA			\$ 318.80
REAR BUMPER UNDER COVER / TN			\$ 552.60
REAR BUMPER SIDE RETAINER / be			\$ 112.70
REAR BUMPER CLIPS / MC			\$ 22.00
RETAINER, REAR BUMPER, SIDE, RH / be			\$ 94.80
SEAL, REAR BUMPER SIDE, RH / MC			\$ 148.40
TAIL LAMP ASSY (UPPER) (LH/RH) /		\$ 557.90	\$ 1,115.80
TAIL LAMP ASSY (LOWER) (RH) /			\$ 548.40
REAR FENDER, RH / MC			\$ 836.70
REAR FENDER INNER PANEL, RH X repair			\$ 728.00
REAR WINDSCREEN GLASS WITH MOULDING X NN			\$ 1,778.30
FRONT BUMPER COVER X Got repair			\$ 499.90
Exhaust Pipe Assy #1,163.40		4,693.40	
SUB TOTAL + Surp		1,163.40	\$ 10,575.50
LESS 25%		5,856.80	\$ 2,643.88
DISCOUNTED TOTAL		- 25%	\$ 7,931.63
		4392.60	
REAR NO. PLATE WITH TRIM COVER / Got			\$ 100.00
REAR TRUNK LID APPS STICKER / MC			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER /			\$ 60.00
REAR BUMPER REVERSE SENSOR ?		280	\$ 135.70
REAR BUMPER RUBBER MAT / MC		- 10%	\$ 50.00
REAR WINDSCREEN SEALANT X NN		252	\$ 46.00
REAR DOOR COMFORT & APPS STICKER X / MC		+ 50	\$ 80.00
		302	
			\$ 511.70
		4,694.60	

NETT  
NETT  
NETT  
NETT  
NETT  
NETT  
NETT



NTUC

SHC 2905R

P2

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LABOUR CHARGE			
Panel Beating 320		1280	\$ 1,400.00
Spray Painting Charge		800	\$ 1,200.00
Wiring Charge		20	\$ 50.00
Tuff Kote		20	\$ 50.00
Towing Charge (King Dolly)		?	\$ 150.00
Remove/Refix Cushion & Upholstery Rear		60	\$ 150.00
Remove/Refix Rear Windscreen Glass		X	\$ 120.00
Remove/Refix Reverse Sensor		40	\$ 80.00
TOTAL LABOUR			\$ 3,110.00
		4,694.60	
ESTIMATE TOTAL		2,220	\$ 11,553.33
		6,914.60	
		-20%	
		5,531.68	
<p>Language repair - \$5,550/-</p> <p>After repair photos.</p> <p>End Qiap</p> <p>04/12/19 @ 1300</p> <p>6 Days.</p>			
<div> <p><b>LJK Auto Consultants</b> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>			

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.

## REPAIR ESTIMATE

VEHICLE NO: SHC 2905R

3/12/2019 16:34

MAKE :

MODEL : TOYOTA PRIUS

Like

NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <del>X repair</del> <del>X NN</del> NN			\$ 1,126.60
REAR TRUNK LID LOCK <del>X repair</del> <del>X NN</del> NN			\$ 457.90
REAR TRUNK LID GLASS (BLACK COLOR) <del>X NN</del> NN			\$ 733.50
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <del>/ Cat</del>			\$ 889.70
REAR TRUNK LID LOGO(PRIUS) <del>/</del>			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) <del>/</del>			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) <del>/</del>			\$ 47.00
REAR BUMPER <del>/ de</del>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <del>/ CRA</del>			\$ 318.80
REAR BUMPER UNDER COVER <del>/ TN</del>			\$ 552.60
REAR BUMPER SIDE RETAINER <del>/ de</del>			\$ 112.70
REAR BUMPER CLIPS <del>/ MC</del>			\$ 22.00
RETAINER, REAR BUMPER, SIDE, RH <del>/ de</del>			\$ 94.80
SEAL, REAR BUMPER SIDE, RH <del>/ MC</del>			\$ 148.40
TAIL LAMP ASSY (UPPER) (LH/RH) <del>/ WH X NN</del> <del>/ CRA</del>		\$ 557.90	\$ 1,115.80
TAIL LAMP ASSY (LOWER) (RH) <del>/ CRA</del>			\$ 548.40
REAR FENDER, RH <del>/ MC</del>			\$ 836.70
REAR FENDER INNER PANEL, RH <del>X repair</del>			\$ 728.00
REAR WINDSCREEN GLASS WITH MOULDING <del>X NN</del>			\$ 1,778.30
FRONT BUMPER COVER <del>X Cat</del> NN			\$ 499.90
SUB TOTAL			\$ 10,575.50
LESS 25%			\$ 2,643.88
DISCOUNTED TOTAL			\$ 7,931.63
REAR NO. PLATE WITH TRIM COVER <del>/ Cat</del>			\$ 100.00
REAR TRUNK LID APPS STICKER <del>/ MC</del>			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <del>/ MC</del>			\$ 60.00
REAR BUMPER REVERSE SENSOR <del>X NN</del>			\$ 135.70
REAR BUMPER RUBBER MAT <del>/ MC</del>			\$ (SN) 50.00
REAR WINDSCREEN SEALANT <del>X NN</del>			\$ 46.00
REAR DOOR COMFORT & APPS STICKER <del>/ MC</del>			\$ 80.00
			\$ 511.70

P1

1697.4

3520.05

1392.6

50

 NETT /  
 NETT /  
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 NETT /  
 NETT /

 280  
 230  
 -10%, 207  
 150

257

NTAC

SHC 2905R

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LABOUR CHARGE			
Panel Beating 320		1280	\$ 1,400.00
Spray Painting Charge		<del>1200</del> 800	\$ 1,200.00
Wiring Charge		20	\$ 50.00
Tuff Kote		20	\$ 50.00
Towing Charge		<del>150</del> 60	\$ 60.00
Remove/Refix Cushion & Upholstery Rear		60	\$ 150.00
Remove/Refix Rear Windscreen Glass		MN X	\$ 120.00
Remove/Refix Reverse Sensor		40	\$ 80.00
11 Rear Exhaust Pipe		60	120
TOTAL LABOUR			\$ 3,110.00
ESTIMATE TOTAL		2280	\$ 11,553.33

P2

X O

*[Signature]*  
6/12/19

Language Repair.  
After repair photos.  
Gue Qiap  
04/12/19  
6 Days.

12,425.88

6929.6  
20%: 5550

**LINK 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 modifications is allowed
- Supplementary item(s) must i.e resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer  
Signature:  
Date:

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.

TYPE OF CASE : TP-SIN8065T  
SURVEY BY : LKR / Guo Qiang  
DATE : 04/12/19

[illegible]

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305358940

Date : 02.01.20

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr GUO QIANG

Vehicle Reg No. SHC2905R CTPL

02.12.19

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

1. The repair job shall bill to: NTUC -- SJN8065T

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:

20%

\$5,550.00

Final Lumpsum Repair cost

\$5,550.00

3. Estimated normal period for repairs: 6 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 KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name :

Date : 08/1/2020

## 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:

**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/INC19021471/Gsf3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 13-01-2020	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJN 8065T	Veh. Inspected	SHC 2905R	
Policy No.	5103083464-01	Coverage (\$)	0.00	
Claim No.	MT/1074191-002	Excess (\$)	0.00	
Assign From		Assign Date	04/12/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS 1.8	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU003569136	Colour	BLUE	
Odometer	483301	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	5 mm	
L/H Front Tyre	195/65 R15	DAVANTI	5 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	5 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	02/12/2019	Inspection Date	04/12/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2905R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR TRUNK LID COVER	TO REPAIR SEE LABOUR	1,126.60	-
1	REAR TRUNK LID LOCK	NOT NECESSARY	457.90	-
1	REAR TRUNK LID GLASS (BLACK COLOR)	NOT NECESSARY	733.50	-
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	CUT	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	CRACKED	318.80	318.80
1	REAR BUMPER UNDER COVER	TORN	552.60	552.60
1	REAR BUMPER SIDE RETAINER	DEFORMED	112.70	112.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE RH	DEFORMED	94.80	94.80
1	SEAL, REAR BUMPER SIDE, RH	NECESSARY	148.40	148.40
1	TAIL LAMP ASSY (UPPER)(LH/RH) @\$557.90	O/S CRACKED / N/S NOT NECESSARY	1,115.80	557.90
1	TAIL LAMP ASSY (LOWER)(RH)	CRACKED	548.40	548.40
1	REAR FENDER, RH	BUCKLED	836.70	836.70
1	REAR FENDER INNER PANEL, RH	TO REPAIR SEE LABOUR	728.00	-
1	REAR WINDSCREEN GLASS WITH MOULDING	NOT NECESSARY	1,778.30	-
1	FRONT BUMPER COVER	NOT NECESSARY	499.90	-
1	EXHAUST PIPE ASSY	BENT	1,163.40	1,163.40
	LESS 25% DISCOUNT		-2,934.73	-1,464.20
			8,804.17	4,392.60
<b><u>NETT ITEMS</u></b>				
1	REAR NO PLATE WITH TRIM COVER (N)	CUT	100.00	50.00
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
1	REAR BUMPER REVERSE SENSOR (N)	NOT NECESSARY	135.70	-

Report Ref No. NS/INC19021471/Gsf3n2



# National Assessment Centre Services

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR WINDSCREEN SEALANT (N)	NOT NECESSARY	46.00	-
1	REAR DOOR COMFORT & APPS STICKER (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-23.00
			461.70	207.00
	<b>SPECIAL NETT ITEMS</b>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<b>LABOUR</b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR TRUNK LID COVER AND REAR FENDER INNER PANEL,RH.		1,400.00	1,280.00
	SPRAY PAINTING CHARGE.		1,200.00	800.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE.		60.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY.		150.00	60.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	40.00
	REMOVE/REFIX REAR EXHAUST PIPE.		120.00	60.00
			3,230.00	2,280.00
<b>GRAND TOTAL</b>			<b>12,545.87</b>	<b>6,929.60</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>5,550.00</b>

Report Ref No. NS/INC19021471/Gsf3n2

XING GUO QIANG

M.MATAI, AMSAE-A

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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