

Ram

NS/INC 20000028/Fy302

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 6115

Policy No: 5107228870 (29/01/2019 - 28/01/2020)

Claims No: MT/1077890-002

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
X	X

Bal. or Market Value:

IDAC Accident Rpt Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHB4974H

In Regd: 09/01/2019

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

Truck / Trailer or

Make: Toyota Prius (5A) C.C. 1798

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 172178 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: JTDKB3FU603078182

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/65 R15

R: -

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

TOYO / YOKO or PAVANTI

Front

Rear

R/Bal: 8 mm R/Bal: 8 mm

L/Bal: 8 mm L/Bal: 8 mm

D.O.A: 30/12/19 D.O.I: 31/12/19

Survey held at Comfortdelgo (Woyah)

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

GBD 6115 X

SHB 4974H C3/C1216013479/4249302 DOA: 15/12/2019

NTUC
 PIP

P/P: \$1749.50/= with 3 repair days (Red \$1185.59, 40%)

Confirm on 15/1/2020 with Lim Kwok Eng.

RECEIVED 30 JAN 2020

Date/Time: File Pass to?

☐

: Preli. Report

Days Of Repair: 3

D)

☐

: Final Report

Resurvey No. of Trip: 2

Date/Time: File Return to?

22/1/20 Typist

Add Fee:

☐

: Site Insp. C\$

☐

: Interview C\$

☐

: Tech. Insp. C\$

☐

: Workshop C\$

Survey Fee:

Transportation:

3 x RS: 31

Phone:

Other:

160

160

PIP \$1749.50

eBaoTech

GeneralClaim

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="30/12/2019 11:28"/>							
Vehicle No.(For Motor)	<input type="text" value="GBD611S"/>	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"/>	5107228870		EMPYREAN	53392155D	GCV	Comprehensive	GBD611S	GBD611S	29/01/2019	28/01/2020
<input type="button" value="Continue"/>										

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 29 January 2020 4:17 PM
To: Denise Tay (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Hi

All claim created

With Regards

Azlin Rani
Senior Administrator, Motor Insurance
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: Wednesday, 29 January 2020 12:00 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

Request claim number

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1077890-002	CITYCAB PTE LTD	SHB 4974H	GBD 611S	30/12/2019	17:00	2,935.09	1749.50
2	MT/1081485-002	Comfort Transportation PTE LTD	SHC 1687B	SJW 6760K	01/12/2019	20:40	1949.26	721.00

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

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

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	31/12/2019 10:47
Date Of Accident	30/12/2019 17:00
Exact Location Of Accident	CHIN SWEE RD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4974H
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	1XXXXXXX9G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	ESTELA LAW SWEE HEONG
NRIC No	SXXXX302I
Date Of Birth	19/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97828232
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	301D 13-27 ANCHORVALE DRIVE
Postcode	544301
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

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

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

SEE ATTACH.

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	GBD611S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JASPER
NRIC/Passport Number	
Contact Number	97896307
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ESTELA LAW SWEE HEONG
Approximate Age	53
Injuries Sustain	BACK
Injured person in which vehicle?	SHB4974H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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.

CITYCAB PTE LTD
CO. REG. NO. 199502830R

Policyholder's Signature
Date & Time:

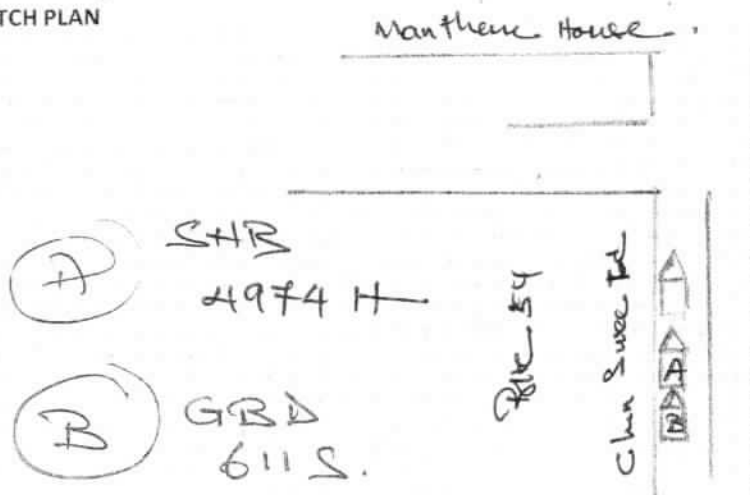
Seddy

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

N. Manoj 21/12

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on. 30 Dec 2019 @ 1700 hrs. I

veh (A) notice a unknown vehicle park on

left side slow down and stop. I veh (A)

wanted to turn left. while waiting

along the above location. Suddenly veh (B)

hit veh (A) rear. @ the point of

accident veh (A) family or female

pass not injured.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 1995028300

S. S. S.

J. M. S. 31/12

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.:



Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305370845

OMER

S

OMER NO.

ESS

(R)

(P)

OUNT CARD NO.

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

REGN NO.:

SHB4974H

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)31.12.2019 09:00

DATE/TIME IN

YR OF MANU

09.01.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU603078182

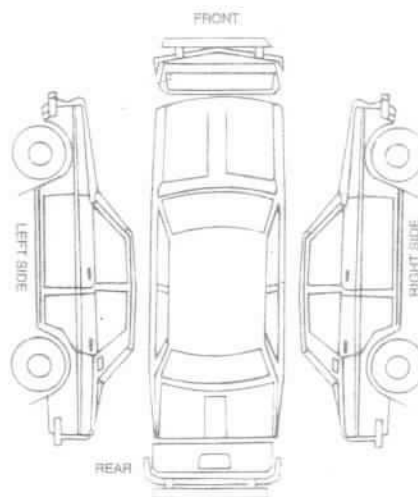
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.12.2019

NATURE: 3P 30.12.2019

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

o.: SHB4974H

LKE

Vehicle No.:

SHB4974H

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 31.12.2019

Time: 13:13:33

REPAIR ESTIMATE

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305370845
 REGN NO : SHB4974H
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 09.01.2019
 DATE/TIME IN : 31.12.2019 09:00
 ACCIDENT DATE : 30.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	20.00	366.88	X(R) DEF
0002	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	20.00	442.08	DD
0003	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1 L	135.70	10.00	122.13	7.11
0004	04-01-0302-2346-G	PRIG4 GARNISH SUB ASSY BA	1 L	889.70	20.00	711.76	X(R) X(R)
0005	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1 L	47.00	20.00	37.60	X(R) rec
0006	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1 L	52.90	20.00	42.32	rec
0007	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1 L	52.90	20.00	42.32	rec
0008	28-01-0302-0010-A	PRIVC REAR BOOT 65521111	1 N	30.00	10.00	27.00	rec
0009	28-01-0302-2016-A	PRIVC REAR BONNET COMFORT	1 N	30.00	10.00	27.00	rec
0010	28-01-9999-2026-A	APP LOGO REAR BONNET CCPL	1 N	40.00	10.00	36.00	rec

SUB-TOTAL : 1,855.09

JOB NATURE

0000 L PANEL BEATING

500.00 \$320

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305370845
REGN NO : SHB4974H
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 09.01.2019
DATE/TIME IN : 31.12.2019 09:0
ACCIDENT DATE : 30.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0001 23-502 SPRAYPAINT ON AFFECTED AREA

500.00 \$400

0002 L LUBRICATE LOCK HINGES & HOOR LATCH

80.00 \$50

SUB-TOTAL : 1,080.00

TOTAL : 2,935.09

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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:

8/1/2020
Ram(CKK)

31/12/19 1320hrs

Paraguru@lkkrate.com

88622728

3r party dgs

Ref paint photo.

Our Job Ref No 305370845
Date : 13.01.20

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

FINALIZATION FORM

To : LKK
Attn : Mr RAM
Vehicle Reg No. SHB4974H CCPL

Fax :

30.12.19


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

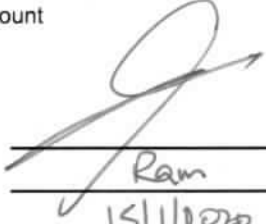
1. The repair job shall bill to: NTUC --- GBD611S
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$979.49
(b) Labour Charges	\$770.00
Total for Part-By-Part Repair Cost	\$1,749.49
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
Final Lumpsum Repair cost	

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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Ram
Date : 15/1/2020

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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305370845
 REGN NO : SHB4974H
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 09.01.2019
 DATE/TIME IN : 31.12.2019 09:00
 ACCIDENT DATE : 30.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95	Def
0002	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45	DD
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50	rec A
0004	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1 L	47.00	25.00	35.25	rec
0005	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1 L	52.90	25.00	39.67	rec
0006	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1 L	52.90	25.00	39.67	rec
0007	28-01-0302-0010-A	PRIVC REAR BOOT 65521111	1 N	30.00	10.00	27.00	rec
0008	28-01-0302-2016-A	PRIVC REAR BONNET COMFORT	1 N	30.00	10.00	27.00	rec
0009	28-01-9999-2026-A	APP LOGO REAR BONNET CCPL	1 N	40.00	10.00	36.00	rec

SUB-TOTAL : 979.49

JOB NATURE

0000 L	PANEL BEATING	320.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.01.2020

Time: 18:01:54

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305370845
REGN NO : SHB4974H
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 09.01.2019
DATE/TIME IN : 31.12.2019 09:0
ACCIDENT DATE : 30.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 L REMOVE/REFIX REVERSE SENSOR

50.00

SUB-TOTAL : 770.00

TOTAL : 1,749.49

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC20000028/Fyf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 03-02-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBD 611S	Veh. Inspected	SHB 4974H	
Policy No.	5107228870	Coverage (\$)	0.00	
Claim No.	MT/1077890-002	Excess (\$)	0.00	
Assign From		Assign Date	31/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JTDKB3FU603078182	Colour	YELLOW	
Odometer	172178	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	8 mm	
L/H Front Tyre	195/65 R15	DAVANTI	8 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/12/2019	Inspection Date	31/12/2019	
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

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. SHB 4974H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	PRIG4 COVER REAR BUMPER	DEFORMED	458.60	458.60
1	PRIG4 GUARD-REAR BUMPER C	DENTED	552.60	552.60
1	PRIG4 GARNISH SUB ASSY BA	TO REPAIR SEE LABOUR	889.70	-
1	PRIG4 ORNAMENT SUB-ASSY B	NECESSARY	47.00	47.00
1	PRIG4 PLATE-BACK DOOR NAM	NECESSARY	52.90	52.90
1	PRIG4 PLATE-BACK DOOR NAM	NECESSARY	52.90	52.90
10	PRIVC BUMPER PIECE	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-415.14	-
	LESS 25% DISCOUNT		-	-296.50
			1,660.56	889.50
	<u>NETT ITEMS</u>			
1	PRIG4 REVERSE SENSOR ASSY (N)	NOT NECESSARY	135.70	-
1	PRIVC REAR BOOT 65521111 (N)	NECESSARY	30.00	30.00
1	PRIVC REAR BONNET COMFORT (N)	NECESSARY	30.00	30.00
1	APP LOGO REAR BONNET CCPL (N)	NECESSARY	40.00	40.00
	LESS 10% DISCOUNT		-23.57	-10.00
			212.13	90.00
	<u>LABOUR</u>			
	SPRAYPAINT ON AFFECTED AREA.		500.00	400.00
	LUBRICATE LOCK HINGES & HOOR LATCH.		80.00	50.00
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF PRIG4 GARNISH SUB ASSY BA.		500.00	320.00
			1,080.00	770.00
GRAND TOTAL			2,952.69	1,749.50
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,749.50

Report Ref No. NS/INC20000028/Fyf3e2

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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