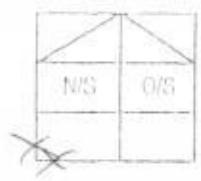


ATL REC-114 Ram

REF NSLINC 2000 1975 / Fvd3n2

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Inspected At: \_\_\_\_\_  
OD: TP WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop no: \_\_\_\_\_  
Insured: SJX 6071K  
Policy No: \_\_\_\_\_  
Claims No: MT / 1083394 - 002  
Name Insured: \_\_\_\_\_  
(Claim'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  
Lump Sum: \_\_\_\_\_ % J Val. Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
Vehicle: IN / OUT



Vehicle: SHD4519D Reg: 0512/19  
Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi Prime Mover:  
Truck / Trailer of  
Make: Toyota Aius (Hybrid) cc: 1798  
Colour: Blue MS: Insured / Std / NI / NA  
Sp. Reading: 14001 T/Meter: Insured / Std / NI / NA  
EngNo: \_\_\_\_\_  
CNo: STD KB3F103089834  
Gen. Cond: Good Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt  
Brake: In order / Jammed / Leaked / Burnt  
Mud: Nil / SR / STD A/Rim or  
Tyre Size: F: 195/65R15  
R: \_\_\_\_\_  
BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMIT  
TOYO / YOKO or  
Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
R/Bal: 7 mm R/Bal: 7 mm  
L/Bal: 7 mm L/Bal: 7 mm  
D.O.A: 31/1/2020 D.O.I: 4/2/2020  
Survey held at: Comfortdelgro (Loyang)  
Dep. of Damages: Frt Rear O/S / NS / U/C / Rooftop or  
rear  
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time: \_\_\_\_\_ Action / Instruction: \_\_\_\_\_  
SHD4519D - NS/INC 16002812 / Hlvb2  
SJX 6071K - X  
No policy Found  
Plp repair: \$570/- with 3 repairs day 3 (Red 1122.79, 669)  
& confirm with LIMITS on 1/2/2020  
D.O.A: 12/02/2016  
NTUC  
PIR

RECEIVED 06 FEB 2020

Enter File, File Pass: \_\_\_\_\_  
[ ] : Prel. Report  
[ ] : Final Report  
Days Of Repair: 2  
Resurvey No. of Trip: 1  
Add Fee: [ ] Site Insp (\$)  
[ ] Interview (\$)  
[ ] Tech. Insp (\$)  
[ ] Weekend (\$)  
Report Format: TP  
Lump Sum / F.B.F: 570/-  
Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Food: \_\_\_\_\_  
Petrol: \_\_\_\_\_  
Others: \_\_\_\_\_  
Total: 160

tb - typist

## Veron Chen (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Friday, 7 February 2020 1:45 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Our reference number: MT/1083394-002

Best regards

**Diana Tay**  
Senior Admin Assistant  
[www.income.com.sg](http://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](http://income.com.sg/careers)

**in** with you

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Friday, 7 February 2020 11:29 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1		COMFORT TRANSPORTATION PTE LTD	SHD 4519D	SJX 6071

D.O.A	Time of Accident	Estimate	Tentative repair cost
31/1/2020	11:50	\$1692.79	\$570.00

Best Regards,

**Veron Chen** | 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)

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**Disclaimer**

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

## 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	03/02/2020 09:29
Date Of Accident	31/01/2020 11:50
Exact Location Of Accident	JLN BUKITMERAH >> QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4519D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	OH JOO SHYANG EDWARD
NRIC No	SXXXX344C
Date Of Birth	11/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1996
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92727236
Fax Number	
Contact Number	
EMail Address	EDWARD0H1973@GMAIL.COM

Address	BLK 264C COMPASSVALE BOW #04-58
Postcode	543264
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	5
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	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20200131/2054

#### 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	SJX6071K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

OVERALL BODY WORK

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FBN945B

Vehicle Make/Model/Colour

MOTORCYCLE

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SMR6836S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

YP5629Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SBS3773J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR LH

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

UNKNOWN(DRIVER)

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

SJX6071K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

**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. 196303821R

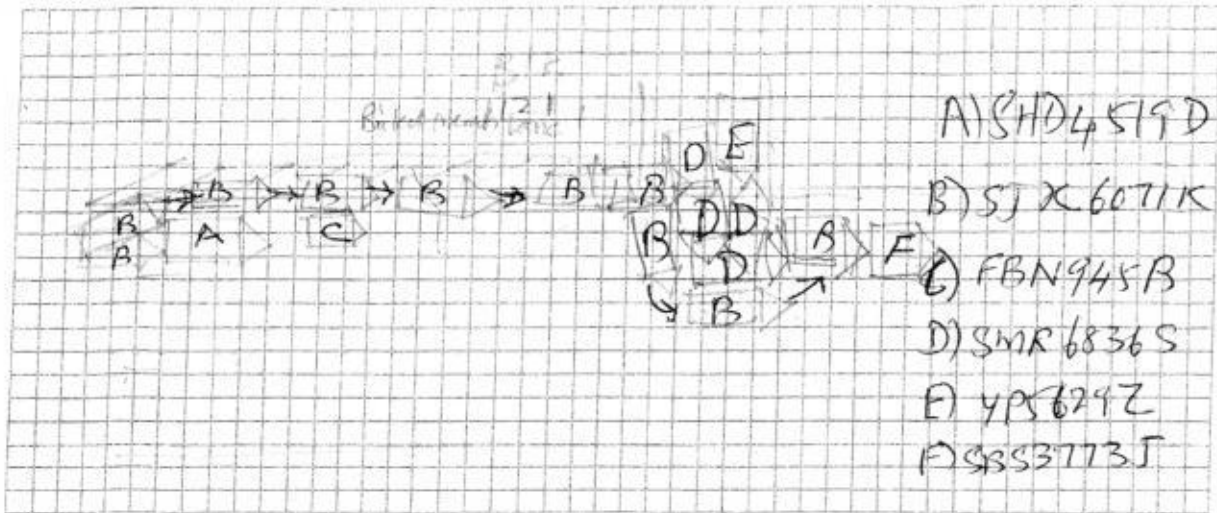
Policyholder's Signature  
Date & Time:

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

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



# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report T/20200131/2054

### DECLARATION

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

COMPLIANCE WITH REGISTRATION SITE  
DD. REG. NO. 11000000000000000000

Policyholder's Signature  
Date & Time:

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

S. J. Moorthy  
CSO

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



**SINGAPORE  
POLICE FORCE**



T/20200131/2054

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20200131/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2020 13:36		Vide Report No.: D/20200131/0046		Station Diary No.: 55	
<b>Informant's Particulars</b>					
Name of Informant: OH JOO SHYANG EDWARD			Address: APT BLK 264C COMPASSVALE BOW #04-58 SINGAPORE 543264		
ID Type / ID No.: NRIC NO / S7341344C			Contact No.: Home/Office: Mobile: 92727236		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 11/11/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2020 11:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH QUEENSWAY Jalan Bukit Merah towards Queensway Before Junction, wanting to turn left to Alexandra Rd Lamp Post Number: 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN945B	Motorcycle					0
SBS3773J	Bus/Coach/Mi nibus					0
SHD4519D	Car				Slightly Damaged	0
SJX6071K	Car					0



**SINGAPORE  
POLICE FORCE**



T/20200131/2054

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200131/2054

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMR6836S	Car					0
YP5629Z	Tow truck					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OH JOO SHYANG EDWARD		ID No. S7341344C
Related Vehicle	NIL		Contact No. 92727236
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 31/01/2020 at about 1150hrs, I was driving along Jalan Bukit Merah towards Queensway before the junction. I was at the furthers left lane wanting to turn to Alexandra Rd, At the point of time traffic was heavy and I was driving slowly and suddenly, I felt an impact coming from the rear and before I can even react, I saw a vehicle(SJK6071K) went up the curb from the left side. I also noticed that the vehicle had side swipe a Motorcycle(FBN945B) and continue moving and collided onto another vehicle(SMR6836S) which lead the vehicle(SMR6836S) to spin for about 180 degree and collided onto a tow truck(YP5629Z). However, the vehicle(SJK6071K) did not stop and continue moving and lastly collided onto a Bus(SBS3773J) and eventually came to a stop. Subsequently Ambulance and Traffic Police came. I was advised by the police to make a report about the accident.



**SINGAPORE  
POLICE FORCE**



T/20200131/2054

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20200131/2054

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:

D /

Sgt 2 KELVIN LAUW JIA MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/01/2020 13:36

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No: 65476311

SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SN 49

Classification Of Case:

SIGNATURE

member of COMFORTDELGRO

Date/Time: 04.02.2020 10:49 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305378832

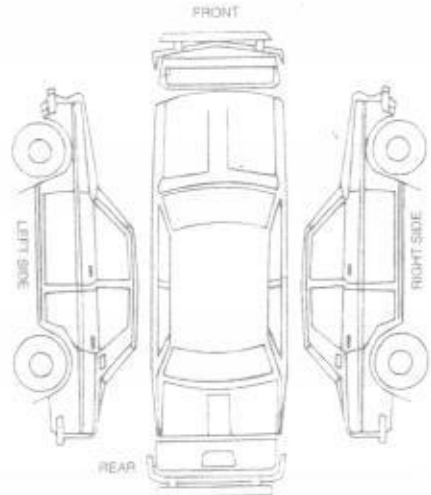
OWNER	REGN NO.: SHD4519D	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
7010045	MODEL	E.....1/2.....F
383 SIN MING DRIVE	PRIUS HYBRID(G4A04.02.2020 09:45	DATE/TIME IN
Singapore SINGAPORE 575717	YR OF MANU 05.12.2019	TARGET DATE
65508755 (O)	CHASSIS CODE JTDKB3FU103089834	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 31.01.2020  
NATURE: 3P 31.01.2020

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Ledgement Slip

Exit Pass

No.: SHD4519D LIMITS Vehicle No.: SHD4519D

Service Advisor Signature/Date Name of Service Advisor Date

turned to Service Reception upon collection To be kept by Security Guard

## COMFORTDELGRO ENGINEERING

## REPAIR ESTIMATE

NTUC  
LKK320. +  
200. +  
50. +  
570.

ID(G4A)

1:45

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

JOB  
 RE  
 MII  
 MA  
 MC  
 DA  
 DI  
 AI

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2712-G	REAR BUMPER	1	458.60	25.00	343.95	X(R)
0002 04-01-0302-2713-G	REAR BUMPER CENTER-Black	1	552.60	25.00	414.45	Xnn
0003 04-01-0302-2725-G	REAR BUMPER RETAINER LH	1	112.70	25.00	84.52	Xnn
0004 04-01-0302-2724-G	REAR BUMPER REFLECTOR LH	1	84.50	25.00	63.37	Xnn
0005 04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	Xnn
0006 04-01-0302-1150-A	REAR BUMPER MAT	1	50.00	<del>25.00</del>	50.00	Xnn

SUB-TOTAL : 972.79

## JOB NATURE

0000 PB	PANEL BEATING
0001 SP	SPRAYPAINT CHARGE
0002 L	R/I REVERSE SENSOR

350.00 \$320

250.00 \$200

120.00 \$50

SUB-TOTAL : 720.00

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:

*[Signature]*  
 5/2/2020

Ram (LKK)

4/2/2020 1300

Perisuram@LKKAuto.com  
 68622778 k (2 repair days)

(PR) after repair photo

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.02.2020

REPAIR ESTIMATE

Time: 11:23:32

Page: 2

NTUC-CPI  
LKC-Ram

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

JOB NO : 305378832  
REGN NO : SHD4519D  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 05.12.2019  
DATE/TIME IN : 04.02.2020 09:45  
ACCIDENT DATE : 31.01.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT



MVA NAME & SIGNATURE  
DATE :

TOTAL : 1,692.79

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 06.02.2020

Time: 07:09:52

Page: 1

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

JOB NO : 305378832  
REGN NO : SHD4519D  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4A)  
DATE OF REGN : 05.12.2019  
DATE/TIME IN : 04.02.2020 09:45  
ACCIDENT DATE : 31.01.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 PB PANEL BEATING  
0001 SP SPRAYPAINT CHARGE  
0002 L R/I REVERSE SENSOR

320.00

200.00

50.00

SUB-TOTAL : 570.00

TOTAL : 570.00

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :  
AUTHORISED : YES / NO



Our Job Ref No : 305378832  
Date : 06/02/20

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

## FINALIZATION FORM

To : LKK  
Attn : RAM

Fax :


Vehicle Reg No. : SHD4519D Date of Accident : 31-Jan-20

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

1. The repair job shall bill to: NTUC --- SJX6071K
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	NIL
(b) Labour Charges	\$570.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$570.00</b>
- (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 : RAM  
Date : 7/2/2020

### 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/INC20001975/Fvd3n2

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-02-2020  
189556

Code: INC4

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

Insured Veh.	SJX 6071K	Veh. Inspected	SHD 4519D
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1083394-002	Excess (\$)	0.00
Assign From		Assign Date	04/02/2020

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA PRIUS HYBRID	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU103089834	Colour	BLUE
Odometer	14001	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	DUNLOP	7 mm
L/H Front Tyre	195/65 R15	DUNLOP	7 mm
R/H Rear Tyre	195/65 R15	DUNLOP	7 mm
L/H Rear Tyre	195/65 R15	DUNLOP	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	31/01/2020	Inspection Date	04/02/2020
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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4519D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER CENTER-BLACK	NOT NECESSARY	552.60	-
1	REAR BUMPER RETAINER LH	NOT NECESSARY	112.70	-
1	REAR BUMPER REFLECTOR LH	NOT NECESSARY	84.50	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 25% DISCOUNT		-307.60	-
			922.80	-
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	320.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	50.00
			720.00	570.00
<b>GRAND TOTAL</b>			<b>1,692.80</b>	<b>570.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>570.00</b>

Report Ref No. NS/INC20001975/Fvd3n2

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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