

Signature

NAZ

REF:

NS/INC 2000 27 25/NA 1302
INC

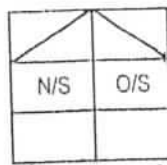
LTS

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: **FJ 549U**
Policy No: **506099 4484 06 (01/01/2020 - 31/12/2020)**
Claims No: **MT/1085136 -101**
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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

3 days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: **SHA 2702U** Yr Regn: **6 OCT 2017**
Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /
Truck / Trailer or
Make: **TOYOTA RINU HYBRID** CC: **1,798**
Colour: **BLUE** A/C: **Insured / Std / NI / NA**
Sp. Reading: _____ T/Radio: **Insured / Std / NI / NA**
Eng/No: _____
C/No: **JTDKB3FU803268820**
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: **195/65 R15**
R: **11**

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

TOYO / YOKO or **DAVANT**

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

CDGE LOYANG

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

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

INC LIS

Date / Time

Action / Instruction

SHA 2702U - NS/INC 13006132 / E196112

FJ 549U - X

D.O.A. - 27/03/2017

19/2/2020

FINALIZED LUMP SUM REPAIR \$1,650.00 / 3 REPAIR DAYS
(Red to 2700.30 - 62%)

Date/Time, File Pass to?

1) **21/2 Trans**

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.E. (\$) **7P 1650**

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee:

- ☐ Site Insp (\$)
- ☐ Interview (\$)
- ☐ Tech Invs (\$)
- ☐ Weekend (\$)

Survey Fee:

Transportation

) S + RS. \$

) Photos

) Others

TOTAL

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085136-001	COMFORT TRANSPORTATION PTE LTD	SHA 2702U	FJ 5419U	13/02/2020	10:15	\$ 4,370.30
2	MT/1082782-002	COMFORT TRANSPORTATION PTE LTD	SH 7012C	SLS 2386G	31/01/2020	18:20	\$ 1,548.25
3	MT/1083397-002	COMFORT TRANSPORTATION PTE LTD	SHD 4422Z	SGN 1605S	06/02/2020	19:55	\$ 2,722.54

eBaoTech

General Claim

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="13/02/2020 09:41"/>
Vehicle No.(For Motor)	<input type="text" value="FJ5419U"/>	Certificate Number	<input type="text"/>

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"/>	5060994484-06		SOH WENG THIN	S1181368B	GMC	Third Party	FJ5419U	FJ5419U	01/01/2020	31/12/2020

Continue

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	13/02/2020 14:52
Date Of Accident	13/02/2020 10:15
Exact Location Of Accident	ANCHORVALE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2702U
Insured/Policyholder	
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
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	LAU HWEE PEOW
NRIC No	SXXXX522H
Date Of Birth	25/09/1947
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1964
Driving Experience	55 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91787567
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	456 08-445 HOUGANG AVENUE 10
Postcode	530456
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?	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?	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)

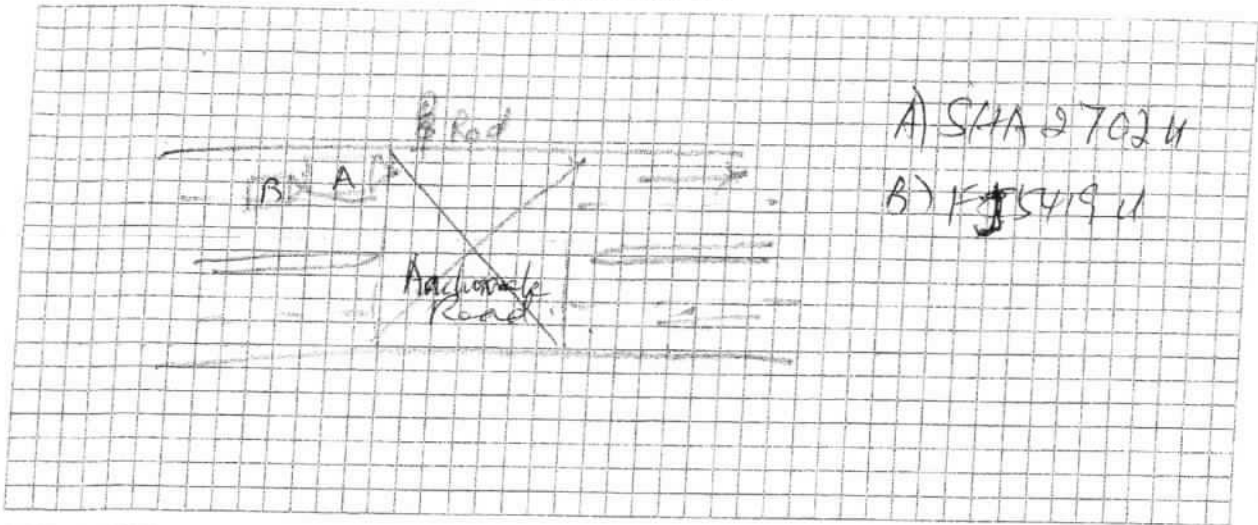
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FJ5419U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	NECK,HAND,LEG
Injured person in which vehicle?	FJ5419U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/2/20 at about 10:55hrs when I veh A had stopped before the traffic crossing (Red) Veh B collided onto the rear right portion of my vehicle -

DECLARATION

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:

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

S.R. Mohd. Yusoff
CSO
13/2/20

Sketch Plan Pg. 2

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.

GRAND TRANSPORTATION PTE LTD
CO. REG. NO. 198303821R

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:

Date/Time: 13.02.2020 15:58

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305381197

COMER

IS COMFORT TRANSPORTATION PTE LTD
COMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

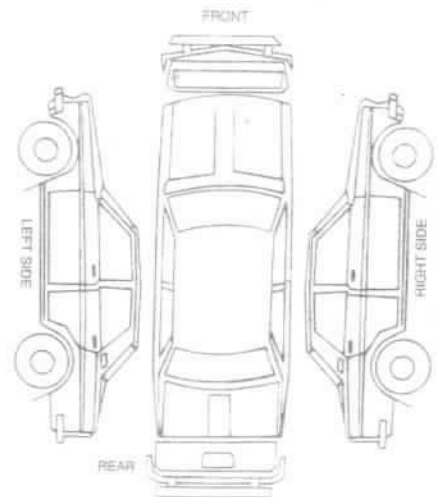
COUNT CARD NO.

REGN NO.: SHA2702U	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 13.02.2020 12:35
YR OF MANU. 06.10.2017	TARGET DATE
CHASSIS CODE JTDKB3FU803568820	COMPLETION DATE/TIME:

Accident Date: 13.02.2020
NATURE: 3P 13.02.2020/C

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

Vehicle No.: **SHA2702U** LIMITS

Vehicle No.: **SHA2702U**

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 14.02.2020

REPAIR ESTIMATE

Time: 08:20:09

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 : 305381197
 REGN NO : SHA2702U
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 06.10.2017
 DATE/TIME IN : 13.02.2020 12:35
 ACCIDENT DATE : 13.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95	/ CRK
0002	04-01-0302-2287-G	REAR BUMPER CENTER-Black	1	552.60	25.00	414.45	/ CRK
0003	04-01-0302-2288-G	REAR BUMPER BEAM	1	318.80	25.00	239.10	? X SVC
0004	04-01-0302-2965-G	REAR BUMPER EXTENSION RH	1	148.40	25.00	111.30	X SVC
0005	04-01-0302-3937-G	REAR BUMPER RETAINER RH	1	112.70	25.00	84.52	X SVC
0006	04-01-0302-2346-G	TAILGATE LWR GARNISH	1	889.70	25.00	667.27	X R
0007	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50	/ NEC
0008	28-01-0302-0006-A	TAILGATE 65521111	1	30.00	10.00	27.00	X SVC
0009	28-01-0302-2015-A	TAILGATE COMFORTDELGRO	1	30.00	10.00	27.00	X NV
0010	28-01-9999-2025-A	TAILGATE APPS	1	40.00	10.00	36.00	Material / NEC
0011	04-01-0302-0585-A	TAILLAMP UPR RH	1	557.90	25.00	418.42	/ SCR
0012	04-01-0302-0795-G	TAILLAMP LWR RH	1	548.40	25.00	411.30	X SVC
0013	04-01-0302-2270-G	TAILGATE (HYBRID S)	1	52.90	25.00	39.67	/ NEC

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-45
LKK-

Date: 14.02.2020

Time: 08:20:09

Page: 2

3 TS

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

JOB NO : 305381197
 REGN NO : SHA2702U
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 06.10.2017
 DATE/TIME IN : 13.02.2020 12:35
 ACCIDENT DATE : 13.02.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0302-2271-G TAILGATE (PRIUS)	1	52.90	25.00	39.67	XPN / NEC
0015 04-01-0302-1150-G REAR BUMPER MAT	1	50.00		50.00	/ NEC
0016 04-01-0302-2286-G REAR BUMPER TOW COVER	1	82.70	25.00	62.02	/ MIS
0017 09-01-9999-0068-A REVERSE SENSOR	1	135.70	10.00	122.13	XSVL
SUB-TOTAL :					3,110.30

JOB NATURE

0000 PB	PANEL BEATING	600.00	320
0001 SP	SPRAYPAINT CHARGE	500.00	300
0002 17-01	CHECK ALL LIGHTING	40.00	20
0003 L	R/I REVERSE SENSOR	120.00	30
SUB-TOTAL :		1,260.00	

NAZ LKTC

4370.33

PARTS \$1,255.34

SNETT \$ 125.67

LABOUR 670

\$2,051.01

LESS 20% \$1,640.80

L/S TOTAL \$1,650.00 / 3 DAYS

COMFORTDELGRO ENGINEERING PTE LTD

Date: 14.02.2020

REPAIR ESTIMATE NTUC-45
LKK

Time: 08:20:09

Page: 3

TS

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

JOB NO : 305381197
REGN NO : SHA2702U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 06.10.2017
DATE/TIME IN : 13.02.2020 12:35
ACCIDENT DATE : 13.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 4,370.30

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

Lmkf

18/2/2020
NAZ LKK
14/2/2020 1630
- LIS
3 DAYS

CHECK ITEM PHOTO
AFTER REPAIR PHOTO

- LKK Auto Consultants** hence notify the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged part(s) during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305381197

Date : 19/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHA2702U

Date of Accident : 13-Feb-20

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

1. The repair job shall bill to: NTUC --- FJ5419U
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% \$1,650.00
Final Lumpsum Repair cost \$1,650.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : NAZ

Date : 19/2/2020

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/INC20002725/Nqf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 26-02-2020	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FJ 5419U	Veh. Inspected	SHA 2702U	
Policy No.	5060994484-06	Coverage (\$)	0.00	
Claim No.	MT/1085136-001	Excess (\$)	0.00	
Assign From		Assign Date	14/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU803568820	Colour	BLUE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	6 mm	
L/H Front Tyre	195/65 R15	DAVANTI	6 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	6 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/02/2020	Inspection Date	14/02/2020	
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.				
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2702U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER CENTER - BLACK	CRACKED	552.60	552.60
1	REAR BUMPER BEAM	SERVICEABLE	318.80	-
1	REAR BUMPER EXTENSION RH	SERVICEABLE	148.40	-
1	REAR BUMPER RETAINER RH	SERVICEABLE	112.70	-
1	TAILGATE LWR GARNISH	TO REPAIR SEE LABOUR	889.70	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAILLAMP UPR RH	SCRATCHED	557.90	557.90
1	TAILLAMP LWR RH	SERVICEABLE	548.40	-
1	TAILGATE (HYBRID S)	NECESSARY	52.90	52.90
1	TAILGATE (PRIUS)	NECESSARY	52.90	52.90
1	REAR BUMPER TOW COVER	MISSING	82.70	82.70
	LESS 25% DISCOUNT		-949.40	-444.90
			2,848.20	1,334.70
<u>NETT ITEMS</u>				
1	TAILGATE 65521111 (N)	SERVICEABLE	30.00	-
1	TAILGATE COMFORTDELGRO (N)	NOT NECESSARY	30.00	-
1	TAILGATE APPS (N)	NECESSARY	40.00	40.00
1	REVERSE SENSOR (N)	SERVICEABLE	135.70	-
	LESS 10% DISCOUNT		-23.57	-4.00
			212.13	36.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF TAILGATE LWR GARNISH.		600.00	320.00
	SPRAYPAINT CHARGE.		500.00	300.00
	CHECK ALL LIGHTING.		40.00	20.00

Report Ref No. NS/INC20002725/Nqf3e2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	R/I REVERSE SENSOR.		120.00	30.00
			1,260.00	670.00
GRAND TOTAL			4,370.33	2,090.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,650.00

Report Ref No. NS/INC20002725/Nqf3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.