

ASS. REC. BY:

Ran

REF:

NS/INC20002848/Ftd302

ASSIGNMENT

From:

Date:

Veh No:

SHA 52202

Yr Regn: 23/8/2017

Estimated Cost:

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

Make:

Toyota 90S Hybrid

c.c. 1798

at Workshop m/s

Colour:

Blue

A/C: Insured / Std / NI / NA

of

Sp. Reading

458233

T/Radio: Insured / Std / NI / NA

Insured:

YP4993C

Eng/No:

Policy No.

5106089002-01 (14/12/19-13/12/2020)

C/No:

JTDK83FU603563602

Claims No.

WT/1084707-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

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:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

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

TOYO / YOKO or

DANANT

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

5

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

14/02/2020

D.O.I.

18/02/2020

Lum Sum:

%

3 Val.: Yes or No

Survey held at

comfortdelgro (LORONG)

CA / REV / REP. / 24 HRS

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

N/S Frt & S/R

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

SHA 52202 -X

YP 4993C -X

RECEIVED 25 FEB 2020

LIS: \$4900/- with 1 repair days (Red: 2530.02, 34%)
confirm on 24/02/2020 with LKE

Date/Time, File Pass to?



Preli. Report

1) 24/2 Typist



Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

160

Transportation:

Photos

Others

Report Format:

TP

Lump Sum / I.B.I. /

4900

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	1083582-002	COMFORT TRANSPORTATON PTE LTD	SHA 7884U	SHD 1224Z	09/02/2020	16:20	\$ 2,453.17
2	1084963-002	COMFORT TRANSPORTATON PTE LTD	SHA 6962J	SGD 3686Y	17/02/2020	19:55	\$ 1,529.72
3	1084696-002	COMFORT TRANSPORTATON PTE LTD	SHA 7706B	SKG 3465E	16/02/2020	11:25	\$ 2,245.56
4	1084759-002	CITYCAB PTE LTD	SHC 526P	GBC 5665J	16/02/2020	18:25	\$ 3,325.76
5	1084707-002	COMFORT TRANSPORTATON PTE LTD	SHA 5220Z	YP 4993C	14/2/2020	15:35	\$ 7,430.02
6	1084878-002	COMFORT TRANSPORTATON PTE LTD	SHD 3261C	SMG 5846C	17/2/2020	15:15	\$ 1,494.53

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="14/02/2020 12:48"/>
Vehicle No.(For Motor)	<input type="text" value="YP4993C"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106089002-01		SILING ENGINEERING & CONTRACTORS	32007200B	GCV	Comprehensive	YP4993C	YP4993C	14/12/2019	13/12/2020

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

JOB NO : 305382025
 REGN NO : SHA5220Z
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 23.08.2017
 DATE/TIME IN : 14.02.2020 16:35
 ACCIDENT DATE : 14.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1 L	499.90	25.00	374.92	cre
0002	04-01-0302-2871-G	PRIG4 SUPPORT FRONT BUMPE	1 L	82.30	25.00	61.72	1 xnd
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50	rec
0004	04-01-0302-2164-A	PRIG4 GRILLE SUB-ASSY RAD	1 L	301.90	25.00	226.42	xnd
0005	04-01-0302-2062-G	PRIG4 GRILLE RADIATOR LOW	1 L	163.40	25.00	122.55	1 xnd
0006	04-01-0302-2170-G	PRIG4 BRACKET FRT BUMPER	1 L	99.00	25.00	74.25	Br
0007	FNPS	FRT NUMBER PLATE(S)	1 N	25.00	10.00	22.50	Br
0008	FNPS	FRT NUMBER PLATE(S) TRIM	1 N	30.00	10.00	27.00	cre
0009	04-01-0302-4891-G	PRIG4 LAMP ASSY FOG LH	1 L	920.00	25.00	690.00	Br
0010	04-01-0302-2815-A	PRIG4 UNIT ASSY HEADLAMP	1 L	3,455.00	25.00	2,591.25	cut
0011	04-01-0302-0572-A	PRIG4 HOOD SUB-ASSY	1 L	950.50	25.00	712.87	nd
0012	04-01-0302-0574-A	PRIG4 FENDER SUB-ASSY FRO	1 L	945.30	25.00	708.97	x(R)
0013	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1 L	52.30	25.00	39.22	rec

Signature: _____ Date: _____

Acknowledged by Receiver: _____

is subject to final audit

• Customer's responsibility

• Parts must be replaced by

• Original parts only

• To ensure safety and

• The proper of the

• The Auto Consultant

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

JOB NO : 305382025
 REGN NO : SHA5220Z
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID
 DATE OF REGN : 23.08.2017
 DATE/TIME IN : 14.02.2020 16:3
 ACCIDENT DATE : 14.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0014 03-01-0302-2057-G PRIG4 CAP WHEEL LH 1 L 175.80 25.00 131.85 Br ✓

SUB-TOTAL : 5,800.02

JOB NATURE

0000 L	PANEL BEATING	800.00	\$640
0001 23-502	SPRAYPAINT ON AFFECTED AREA	650.00	\$600
0002 17-01	CHECK ALL LIGHTING	50.00	✓
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	✓
0004 20-08	ADJUST FRONT WHEEL ALIGNMENT	80.00	✓
		SUB-TOTAL : 1,630.00	

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:

Mileage
Photo
Repair

Repair (LKK)
 18/02/2020 1330 hrs
 Repairer (LKK) 68622778
 P/P
 Res paint photo
 4 repair days

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

JOB NO : 305382025
REGN NO : SHA5220Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 23.08.2017
DATE/TIME IN : 14.02.2020 16:3
ACCIDENT DATE : 14.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 7,430.02

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

6174.5
4630.87

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305382025

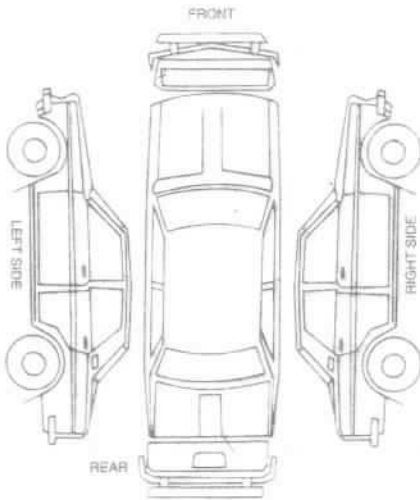
COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.: SHA5220Z
MAKE: TOYOTA
MODEL: PRIUS HYBRID(G4)
YR OF MANU: 23.08.2017
CHASSIS CODE: JTDKB3FU603563602
MILEAGE
FUEL
DATE/TIME IN: 14.02.2020 16:35
TARGET DATE
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.02.2020
NATURE: 3P 14.02.2020

S/NO LABOR CODE DESCRIPTION



LED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Adgement Slip

Exit Pass

SHA5220Z LKE

Vehicle No.: SHA5220Z

Service Advisor Signature/Date

Name of Service Advisor Date

Turned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	15/02/2020 07:35
Date Of Accident	14/02/2020 15:35
Exact Location Of Accident	GAMBAS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5220Z
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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	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	CHUA BOON YEOW
NRIC No	SXXXX626F
Date Of Birth	08/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97645578
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	953 14-672 HOUGANG AVENUE 9
Postcode	530953
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?	NO
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	YP4993C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	GXXXXX500U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR

No. Of Passenger (Including Driver)

SKETCH PLAN

A - SHA 5220Z
B - YP 4993C



Along Gambas Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14.02.2020 at about 15:35 hours I was travelling along Gambas Ave with One
Female Passenger onboard .
While I was on the slip road at a stationary position , suddenly veh B (YP 4993C)
hit on to my taxi A - Whole Front Portion .
As it took place too fast I could not take evasive action to prevent .
No injury in this accident .
I have company video and photos at scene to support my claims .
Veh B (YP 4993C) - Male Driver

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: 14.02.2020
@ 17:00 hrs

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

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. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14.02.2020
@ 17:00 hrs


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



Our Job Ref No 305382025

Date : 21.02.20

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHA5220Z CTPL

14.02.20

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

1. The repair job shall bill to: NTUC --- YP4993C

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%

\$4,900.00

Final Lumpsum Repair cost

\$4,900.00

3. Estimated normal period for repairs: 4 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 : PAM

Date : 21/2/2020

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:

2020
48

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 17.02.2020
Time: 19:02:48
Page: 1

Lee

NTU

2025
2017
1000
16.3

RTY'S CLAIMS (CAS)
JRT TRANSPORTATION PTE LTD
83 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305382025
REGN NO : SHA5220Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 23.08.2017
DATE/TIME IN : 14.02.2020 16:35
ACCIDENT DATE : 14.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1 L	499.90	25.00	374.92	<i>Cre</i>
0002	04-01-0302-2871-G	PRIG4 SUPPORT FRONT BUMPE	1 L	82.30	25.00	61.72	<i>1 xnn</i>
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50	<i>hec</i>
0004	04-01-0302-2164-A	PRIG4 GRILLE SUB-ASSY RAD	1 L	301.90	25.00	226.42	<i>xnn</i>
0005	04-01-0302-2062-G	PRIG4 GRILLE RADIATOR LOW	1 L	163.40	25.00	122.55	<i>1 xnn</i>
0006	04-01-0302-2170-G	PRIG4 BRACKET FRT BUMPER	1 L	99.00	25.00	74.25	<i>Br</i>
0007	FNPS	FRT NUMBER PLATE(S)	1 N	25.00	10.00	22.50	<i>Br</i>
0008	FNPS	FRT NUMBER PLATE(S) TRIM	1 N	30.00	10.00	27.00	<i>Cre</i>
0009	04-01-0302-4891-G	PRIG4 LAMP ASSY FOG LH	1 L	920.00	25.00	690.00	<i>Br</i>
0010	04-01-0302-2815-A	PRIG4 UNIT ASSY HEADLAMP	1 L	3,455.00	25.00	2,591.25	<i>Br</i>
0011	04-01-0302-0572-A	PRIG4 HOOD SUB-ASSY	1 L	950.50	25.00	712.87	<i>Br</i>
0012	04-01-0302-0574-A	PRIG4 FENDER SUB-ASSY FRO	1 L	945.30	25.00	708.97	<i>h(R)</i>
0013	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1 L	52.30	25.00	39.22	<i>hec</i>

149.50 Net

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 17.02.2020
Time: 19:02:48
Page: 2

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

JOB NO : 305382025
REGN NO : SHA5220Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYB
DATE OF REGN : 23.08.2017
DATE/TIME IN : 14.02.2020 1
ACCIDENT DATE : 14.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0014 03-01-0302-2057-G PRIG4 CAP WHEEL LH 1 L 175.80 25.00 131.85 Br ✓

SUB-TOTAL : 5,800.02

JOB NATURE

0000 L PANEL BEATING
0001 23-502 SPRAYPAINT ON AFFECTED AREA
0002 17-01 CHECK ALL LIGHTING
0003 20-00 TUFF COAT ON AFFECTED PARTS.
0004 20-08 ADJUST FRONT WHEEL ALIGNMENT

800.00 \$640

650.00 \$600

50.00

50.00

80.00

SUB-TOTAL : 1,630.00

6,174.51
- 25%
4,630.88
+ 49.50
4,680.38
+ 1,420
6,100.38
- 20%
4,880.2

Paym (LKR)

18/02/2020 1330 hrs



Repaired by (A) LKR 2000
68622778

P/P

Red paint photo

LS

(A) repair days

\$4,900

7430.05




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/INC20002848/Ftd3e2				
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.	YP 4993C	Veh. Inspected	SHA 5220Z	
Policy No.	5106089002-01	Coverage (\$)	0.00	
Claim No.	MT/1084707-002	Excess (\$)	0.00	
Assign From		Assign Date	18/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU603563602	Colour	BLUE	
Odometer	458233	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS 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 N/S FRONT AND FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/02/2020	Inspection Date	18/02/2020	
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:		4 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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5220Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	PRIG4 COVER FRONT BUMPER	CRACKED	499.90	499.90
1	PRIG4 SUPPORT FRONT BUMPE	NOT NECESSARY	82.30	-
10	PRIVC BUMPER PIECE	NECESSARY	22.00	22.00
1	PRIG4 GRILLE SUB-ASSY RAD	NOT NECESSARY	301.90	-
1	PRIG4 GRILLE RADIATOR LOW	NOT NECESSARY	163.40	-
1	PRIG4 BRACKET FRT BUMPER	BROKEN	99.00	99.00
1	PRIG4 LAMP ASSY FOG LH	BROKEN	920.00	920.00
1	PRIG4 UNIT ASSY HEADLAMP LH	CUT	3,455.00	3,455.00
1	PRIG4 HOOD SUB-ASSY	DENTED	950.50	950.50
1	PRIG4 FENDER SUB-ASSY FRO	TO REPAIR SEE LABOUR	945.30	-
1	PRIG4 EMBLEM SIDE PANEL	NECESSARY	52.30	52.30
1	PRIG4 CAP WHEEL LH	BROKEN	175.80	175.80
	LESS 25% DISCOUNT		-1,916.85	-1,543.63
			5,750.55	4,630.87
	<u>NETT ITEMS</u>			
1	FRT NUMBER PLATE (S) (N)	BROKEN	25.00	25.00
1	FRT NUMBER PLATE (S) TRIM (N)	CRACKED	30.00	30.00
	LESS 10% DISCOUNT		-5.50	-5.50
			49.50	49.50
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF PRIG4 FENDER SUB-ASSY FRO.		800.00	640.00
	SPRAYPAINT ON AFFECTED AREA.		650.00	600.00
	CHECK ALL LIGHTING.		50.00	50.00
	TUFF COAT ON AFFECTED PARTS.		50.00	50.00
	ADJUST FRONT WHEEL ALIGNMENT.		80.00	80.00
			1,630.00	1,420.00
	GRAND TOTAL		7,430.05	6,100.37

Report Ref No. NS/INC20002848/Ftd3e2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,900.00
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Report Ref No. NS/INC20002848/Ftd3e2

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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