

ASS. REC. BY:

RAM

REF: NS/INC 2003387 / F4f302

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured: SLU 71657

Policy No. 5105566457 (30/6/2019-12/11/2019)

Claims No. MT/1036043-002

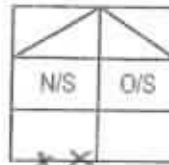
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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:

SH 6360P

Yr Regn:

05/03/2019

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

Truck / Trailer or

Make:

Toyota Prous Hybrid (2.4) c.c 1798

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading

114795

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU603078313

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:

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

TOYO / YOKO or

DAWONTI

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

26/02/2020

D.O.I.

28/02/2020

Survey held at

comfortdelgro (company)

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

SH 6360P-X

SLU 71657-X

RECEIVED 7 MAR 2020

P/P: \$2113.35 = with 3 repair days (Red: 827.50, 28%)

confirm on 19/03/2020 with change.

Date/Time, File Pass to?



: Prel. Report

1) 24/3 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

160

160

Report Format: TP

Lump Sum / (B): \$ 2113.35

Our Job Ref No : 305384137

Date : 04/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SH6360D

26.02.2020

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

Z The repair job shall bill to: NTUC SLU7165J

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$1,053.34 \$943.35

(b) Labour Charges

\$1,070.00 \$1170

Total for Part-By-Part Repair Cost

\$2,123.34 \$2,113.35

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature: 

Name : Ram

Date : 19/03/2020

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 24 March 2020 4:10 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

Claim created. Please refer below for your reference.

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1086048-002	Comfort Transportation PTE LTD	SH 6360D	SLU 7165J	26/02/2020	20:30	2940.85	2450

Thank you

With Regards

Joreen Ang
Senior Admin Assistant
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 wit
yo

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, 24 March 2020 11:35 AM
To: MTCL@income.com.sg
Subject: FW: 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		Comfort Transportation PTE LTD	SH 6360P	SLU 7165J	26/02/2020	20:30	2940.85	2450

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105566957		TAN CHENG HOCK	S17204748	GPC	drive CLASSIC	SLU7165J	SLU7165J	30/01/2019	12/12/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	27/02/2020 14:36
Date Of Accident	26/02/2020 20:30
Exact Location Of Accident	NORTH BRIDGE ROAD TWDS SOUTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6360D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	CHAN HUNG HUAT
NRIC No	SXXXX313B
Date Of Birth	01/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94365508
Fax Number	
Contact Number	
Email Address	TONYCHAN7313@HOTMAIL.COM

Address	BLK 324 SERANGOON AVENUE 3 #05-280
Postcode	550324
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200227/2054

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	SLU7165J
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFFREY TAN YONG MING
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHAN HUNG HUAT

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SH6360D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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.

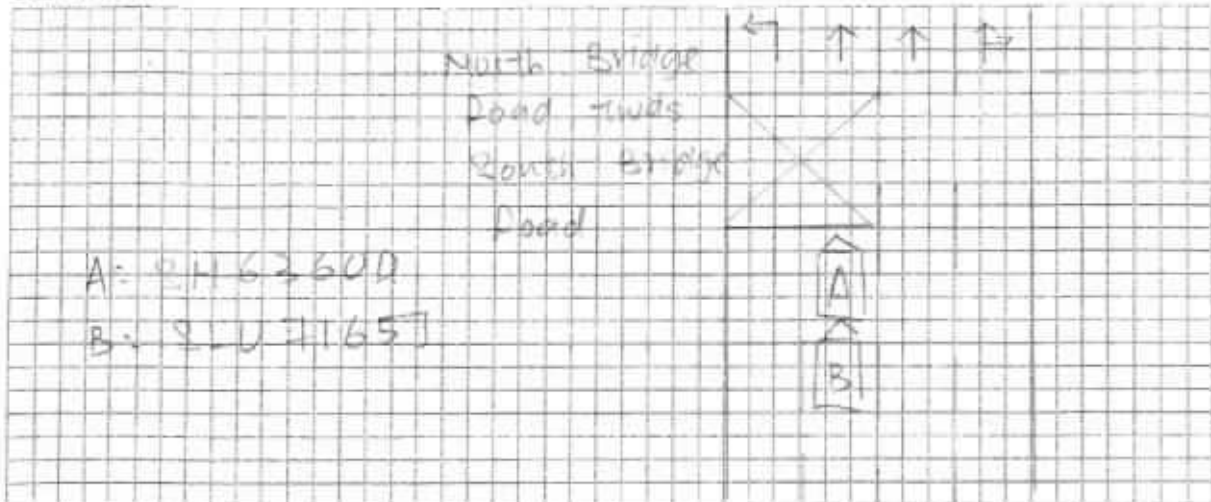
COMFORT CENTRE (PTE) LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loka Veei Yang**
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

T/20200327/2054

DECLARATION

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

COMPANY: [REDACTED] PTE LTD
CO. REG. NO. 199303021H

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20200227/2054

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20200227/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 12:30	Vide Report No.:	Station Diary No.: 23
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHAN HUNG HUAT			Address: APT BLK 324 SERANGOON AVENUE 3 #05-280 SINGAPORE 550324		
ID Type / ID No.: NRIC NO / S1267313B			Contact No.: Home/Office: Mobile: 94365508		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 01/06/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2020 20:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 NORTH BRIDGE ROAD SOUTH BRIDGE ROAD Near Raffles Hotel				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6360D	Car					0
SLU7165J	Car					0



**SINGAPORE
POLICE FORCE**



T/20200227/2054

2 of 3

Report No. T/20200227/2054

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Brief Details.

On 26/02/2020 at about 2030hrs, I was driving my Taxi, SH6360D along North Bridge Road traveling to South Bridge Road. Upon reaching the traffic light, I came to a complete stop before the yellow box near to Raffles Hotel.

While I was waiting for the traffic, suddenly one car came from behind a hit onto my Taxi. I went out and saw one car SLU7165J at the back which hit onto my car. We took photos of the accident, exchanged particular and discussed to settle the matter with insurance company. After which we parted ways.

An hour later after the accident, I started to feel pain at the back of my neck. The next morning it got worse, so I went to see the doctor and was given 7 days of MC. Thus I am making this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20200227/2054

3 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999



Report No. T/20200227/2054

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.

 <p>Signature Of Officer Recording The Report: SN 154 Sgt. BO JING XIAN</p>	<p>Signature Of Informant:</p> 
<p>Singapore Police Force Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 27/02/2020 12:30</p>
<p>Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436</p>	<p>Classification Of Case:</p>

Authentication Stamp
NP158

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SH6360D
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	2ZR2B90056
Chassis No.:	JTDKB3FU603078313
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	05 Mar 2019
First Registration Date:	05 Mar 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Mar 2027
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	04 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,420.00
COE Rebate Amount:	\$17,881.00
Total Rebate Amount:	\$28,566.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 02 Mar 2020

OK

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

JOB NO : 305384137
 REGN NO : SH 6360D
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 05.03.2019
 DATE/TIME IN : 27.02.2020 13:35
 ACCIDENT DATE : 26.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95	CRA
0002	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45	DEF
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50	NEE
0004	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (Hybrid)	1	52.30	25.00	39.22	NEE
0005	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM (Prime)	1	52.30	25.00	39.22	NEE
0006	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00	10.00	27.00	NEE
0007	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00	10.00	27.00	NEE
0008	28-01-9999-2025-A	APP LOGO REAR BONNET CTPL	1	40.00	10.00	36.00	NEE

SUB-TOTAL : 943.34

JOB NATURE

0000	PB	PANEL BEATING	640.00
0001	PB	PANEL BEATING	400.00
0002	20-00	TUFF COAT ON AFFECTED PARTS.	30.00

Part \$943.35 -
 Labor \$1170

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

JOB NO : 305384137
REGN NO : SH 6360D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 05.03.2019
DATE/TIME IN : 27.02.2020 13:3
ACCIDENT DATE : 26.02.2020

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 17-01	CHECK ALL LIGHTING	50.00				
0004 20-22	REMOVE/REFIX REVERSE SENSOR	50.00				
SUB-TOTAL						: 1,170.00
TOTAL						: 2,113.34

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

REPAIR ESTIMATE*

VEHICLE NO SH6360D

DATE 26.02.20

MAKE :

CHIANG/NTUC

MODEL TOYOTA PRIUS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER DD / cm ✓			\$458.60
1	REAR BUMPER LOWER COVER DEF ✓			\$552.60
1	REAR BUMPER SIDE RETAINER xmn			\$112.70
1	REAR BUMPER REINFORCEMENT 1 xmn			\$318.80
10	REAR BUMPER CLIPS nec ✓			\$22.00
1	REAR BUMPER TOWING COVER xmn			\$82.70
				\$1,547.40
	SUB TOTAL			\$386.85
	25.00%			\$1,160.55
	DISCOUNTED TOTAL			
1	REAR REVERSE SENSOR xmn			\$135.70
1	BUMPER MAT xmn			\$50.00
2	BOOT LID COMFORT & TEL NO STICKER nec ✓			\$60.00 (N)
1	BOOTLID COMFORT APP. nec ✓			\$40.00 (N)
				\$285.70
	Labour Charge			
	Panel Beating			\$760.00 \$640
	Spray Painting Charge tailgate garnish & bumper			\$450.00 \$400
	Tuff Kote			\$60.00 \$30
	Check Lighting			\$60.00 \$50
	Remove/refix reverse sensor			\$60.00 \$50
	TOTAL LABOUR			\$1,390.00
	ESTIMATE TOTAL			\$2,836.25

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

- 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

3/3/2020 Ram (LKK)
 28/02/2020 1330
 Pamsuran@lkkauto.com
 88622718 P/P
 Ref 9914 photo
 3 repair days

TYPE OF C:	TP
SURVEY B:	LKK/RAM
DATE	26/02/20

[illegible]

305384137

IC NO.

MILEAGE

FLUFL

MODEL PRIUS HYBRID(G4) 27.02.2020 13:35

27.02.2020 13:35
DATE/TIME (Y)

05.03.2019

TARGET DATE

CHASSIS NO. JTDKB3FU603078313

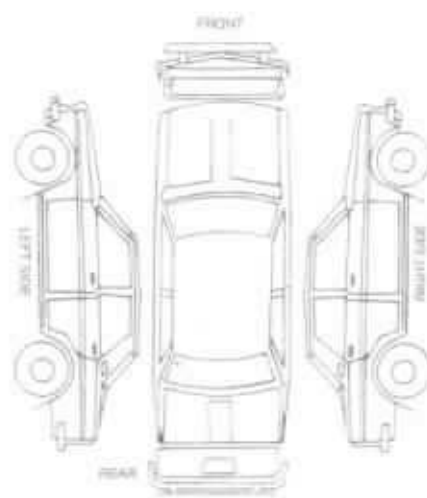
COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

NATURE: 3P 26.02.2020

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

viedoement Slip

Exit Page

SH 6360D CHLANG

Vehicle No. SH 6360D

No.

of Service Advisor

Name of Service Advisor _____

Date _____

returned to Service Reception upon collection.

To be kept by Security Guard




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/INC20003387/Ftf3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 26-03-2020	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLU 7165J	Veh. Inspected	SH 6360D
Policy No.	5105566957	Coverage (\$)	0.00
Claim No.	MT/1086048-002	Excess (\$)	0.00
Assign From		Assign Date	28/02/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU603078313	Colour	BLUE
Odometer	114795	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	6 mm
L/H Front Tyre	195/65 R15	DAVANTI	6 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/02/2020	Inspection Date	28/02/2020
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. SH 6360D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DENTED / CRACKED	458.60	458.60
1	REAR BUMPER LOWER COVER	DEFORMED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	318.80	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER TOWING COVER	NOT NECESSARY	82.70	-
1	EMBLEM PRIUS	NECESSARY	60.80	52.30
1	EMBLEM HYBRID	NECESSARY	52.40	52.30
	LESS 25% DISCOUNT		-415.15	-284.45
			1,245.45	853.35
<u>NETT ITEMS</u>				
2	BOOT LID COMFORT & TEL NO STICKER (N)	NECESSARY	60.00	60.00
1	BOOTLID COMFORT APP (N)	NECESSARY	40.00	40.00
	LESS 10% DISCOUNT		-	-10.00
			100.00	90.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	BUMPER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
<u>LABOUR</u>				
	PANEL BEATING.		760.00	640.00
	SPRAY PAINTING CHARGE.		450.00	400.00
	TUFF KOTE.		60.00	30.00
	CHECK LIGHTING.		60.00	50.00
	REMOVE / REFIX REVERSE SENSOR.		60.00	50.00
			1,390.00	1,170.00
GRAND TOTAL			2,921.15	2,113.35

Report Ref No. NS/INC20003387/Ftf3e2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,113.35
---	--	--	----------

Report Ref No. NS/INC20003387/Ftf3e2

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

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.