

22/05/2002

ASS. REC. BY:

REF: CS/MS(17022193/Klgbn2) Special Instruction:

Surveyor

Kalvin

ASSIGNMENT (Office)

From (Person):

Catherine Thia

of

MSU1

Date/Time: 21.11.2017 10:43am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 1015R

Insured:

FBE 9386Y

at Workshop m/s

Comfort Delgo

Tel:

6214 8316

of

59 Loyang Drive

Policy No:

MSD / VMT / 17-356845-CA

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

18.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

21.11.2017 10:50am

Person Contacted:

Lanny

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 1015R - 003 / CTB.17017593 / Klgbn2

Dof: 11/09/17

FBE 9386Y - X

Surrogate

Kalvin

REF:

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: _____
 Policy No. _____
 Claims No. _____
 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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 1-B-1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC1015R Yr Regn: 524, 217
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius C.C. 1798
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 51643 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 5 TPKBJF48035 61236
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Insured / Jammed / Leaked / Burnt or
 Brake: Insured / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 18/11/17 D.O.I. 21/11/17
 Survey held at COHE (Car)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear n/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	
22/11/17	REV preli in merimen.	N/A
24/11/17	Continue P/P \$811.30 / 20-yrs. (Red. 864.98, 52%).	P/P.

RECEIVED 23 NOV 2017

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Photos

Others

TOTAL

200

10

210

Report Format: TP

Lump Sum / (B): (\$ 811.30)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG17022193/K1gb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 21-11-2017

Code : MSG



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBF 9386Y	Veh. Inspected	SHC 1015R
Policy No.	MSD/VMT/17-356845-CA	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (CATHERINE THIA)	Assign Date	21/11/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	18/11/2017	Inspection Date	21/11/2017
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.
--

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	20 Nov 2017		21 Nov 2017 10:43 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:		KHOO AIK TEE, ID: S7876225Z							
Main Claimant:		COMFORTDELGRO ENGINEERING PTE LTD, Co. Reg. No.: 199303821R							
Vehicle Reg. No.:		SHC1015R	Date of Loss:	18/11/2017 00:00 - :59					
Claim Type:		TP	Policy/Cover Note No.:	MSD/VMT/17-356845-CA Coverage: 05/02/2017 - 04/02/2018					
Vehicle Reg. No. (Insured):		FBF9386Y	Policy No. (Claimant):						
		Excess:							
Repairer:		ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300							
Handling Insurer:		MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 22/11/2017]							
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete 									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Catherine Thia Shi Yi

Date: 22 Nov 2017

Preliminary Advice

Insured Vehicle No : FBF9386Y

TP Vehicle No : SHC1015R

Accident Date : 18/11/2017

Make : TOYOTA PRIUS HYBRID

Assignment Date : 21/11/2017

Date of Inspection : 21/11/2017

Est. Duration of Repair : 2.00

Inspection At : COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)
59 LOYANG DRIVE
SINGAPORE 508969

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear n/s portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,264.98
Revised Amount	:S\$	450.00
Check Items (Estimated)	:S\$	84.53
Total	:S\$	534.53

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

() The vehicle is economical/not economical for repair.

(X) The above survey was conducted on a 'without prejudice' basis.

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 ability.
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 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	20/11/2017 07:05
Date Of Accident	18/11/2017 20:40
Exact Location Of Accident	SLIP RD OF BEDOK NORTH AVE 1 X NEW UPPER CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1015R
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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	MCOM0016
Cover Note Number	

Driver

Name of Driver	IRWAN ALEXANDER
NRIC No	S7564987H
Date Of Birth	14/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2008
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	IRWANALEXANDER@YAHOO.COM

Address	172A EDGEDALE PLAINS#04-414
Postcode	S821172
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
Was any body injured in the Accident?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED

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	FBF9386Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KHOO AIK TEE
NRIC/Passport Number	S7876225Z
Contact Number	96222398
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

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

Lim Ee Soon
CSO

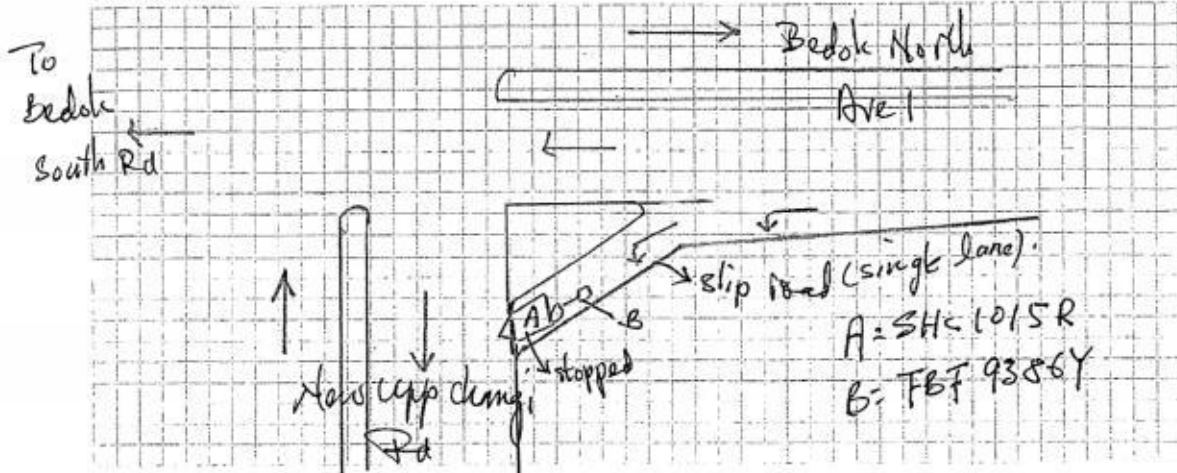
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached

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:

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

Sketch Plan Pg. 3

SHC 1016 R

- ACCIDENT STATEMENT

Last night(18/11/2017), I cruised along Bedok North Avenue 1 at about 8.40 pm.

When I reached junction of New Upp Changi Road, I turned left into the slip road.

As seen in the video footage, while my taxi remained stationary at the slip road junction and I was checking oncoming traffic on the main road, it was this juncture I felt a mild jerk and impact after a m/ cycle B(FBF9386Y) behind banged into the rear left portion of my taxi.

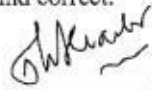
I took photos at the scene following the accident.

I found dents to the rear left of my taxi.

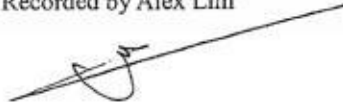
I also noticed the front of the m/cycle B sustained damage.

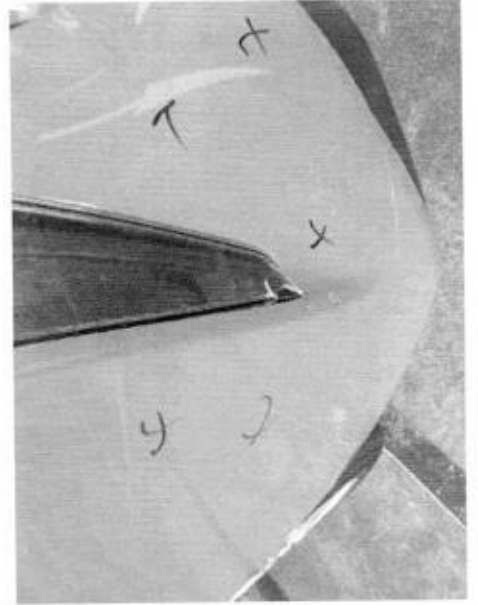
No passengers in my taxi.

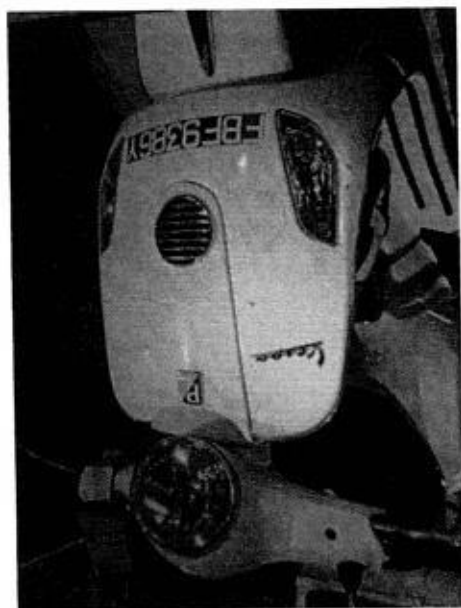
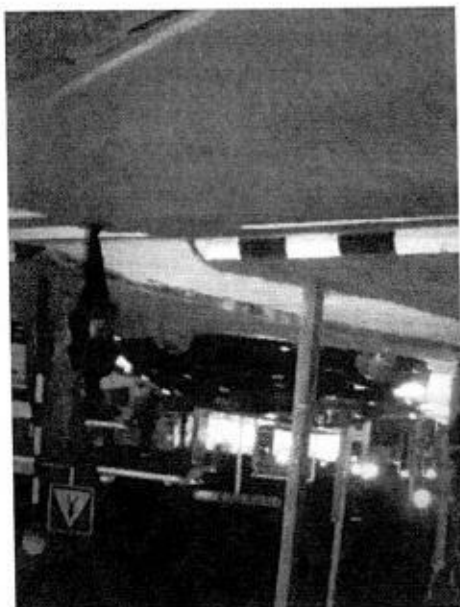
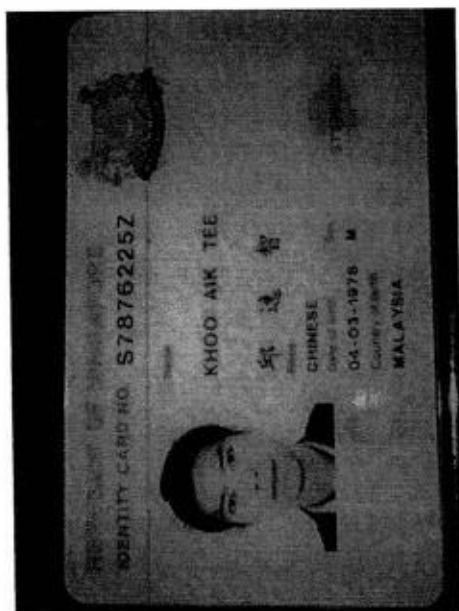
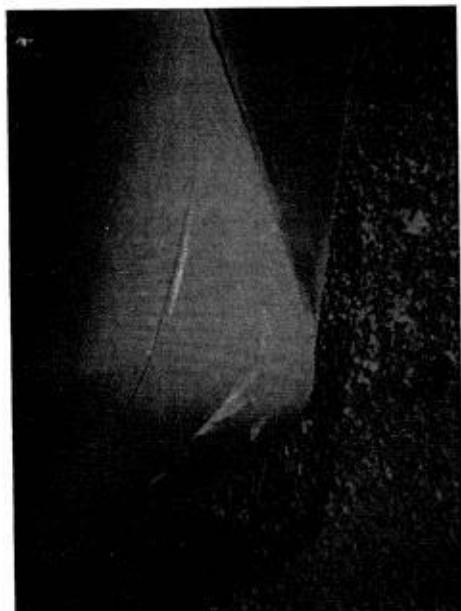
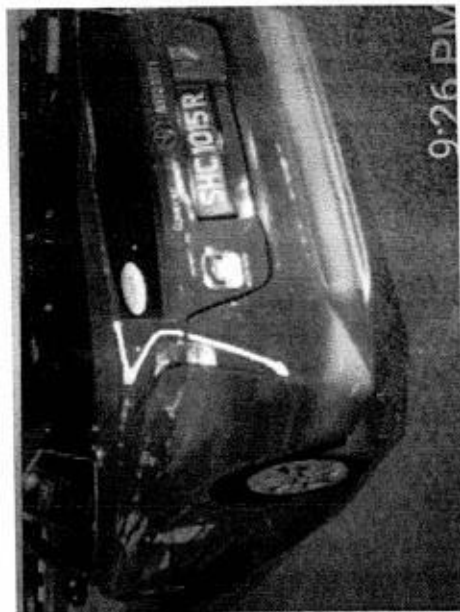
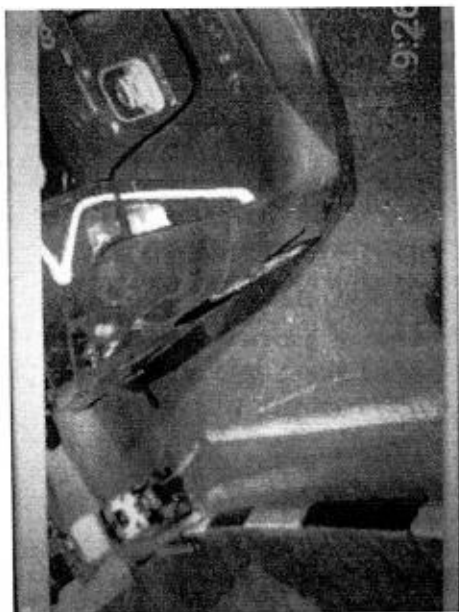
I affirmed the above-statement is true and correct.


Driver name : ~~Khoo Aik Tee~~ ^{Juvlin Maxendy}
NRIC NO : ~~S7876225Z~~ ^{S7561824}
Date: 19/11/2017

Recorded by Alex Lim







Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.305090628

CUSTOMER	REGN NO: SHC1015R	MILEAGE
VMS 7010045	MAKE: TOYOTA	FUEL E.....1/2.....F
CUSTOMER NO 383 SIN MING DRIVE	MODEL PRIUS HYBRID(G4)19.	DATE/TIME IN 11.2017 11:20
ADDRESS Singapore SINGAPORE 575717	YR OF MANU 05.07.2017	TARGET DATE
L (R) 65508755 (Q)	CHASSIS CODE JTDKB3FU803561236	COMPLETION DATE/TIME:
(P)		
SCOUNT CARD NO.		

Accident Date: 18.11.2017
NATURE: 3P 18.11.2017

S/NO	LABOR CODE	DESCRIPTION
	MS1G	taxi Rear Left damage

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip	Exit Pass
et:	Vehicle No.: SHC1015R
io.:	
le No.: SHC1015R LARRY	
Signature/Date	Name of Service Advisor
Signature/Date	Date
Signature/Date	To be kept by Security Guard

Signature/Date

MODEL: TOYOTA PRIUS

QTY	PARTS DESCRIPTION	TYPE	UNIT PRICE	AMOUNT
	REAR BUMPER <i>x repair</i>			\$ 458.60
	REAR BUMPER SIDE RETAINER, LH <i>Xsc</i>			\$ 112.70
	REAR BUMPER CLIPS <i>x 22</i>			\$ 22.00
	<i>Rear LH Taillamp Lower - ca</i>			\$ 548.40
	SUB TOTAL			\$ 593.30
	LESS 25%			\$ 148.33
	DISCOUNTED TOTAL			\$ 444.98
	REAR BUMPER RUBBER MAT <i>1 m</i>			\$ 50.00
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 200.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>xnn</i>
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 1,264.98
				1676.28
	<div> <div>LKK Auto Consultants hence notify the Repairer of the following:</div> <ul style="list-style-type: none"> 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 is subject to final approval from Insurance Company <div> Acknowledged by Repairer Signature: Date: </div> </div>			

Larry Ng

Kalin 16/10/17

21/11/17 11:05 hrs

2 Day

PIP

After Repair photo

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.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.11.2017

REPAIR ESTIMATE

Time: 15:21:06

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 : 305090628
REGN NO : SHC1015R
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 05.07.2017
DATE/TIME IN : 19.11.2017 11:20
ACCIDENT DATE : 18.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0796-G PRIG4 LENS AND BODY REAR 1 548.40 25.00 411.30

SUB-TOTAL : 411.30

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

0002 17-01 WIRING CHARGE 20.00

SUB-TOTAL : 400.00

TOTAL : 811.30

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305090628

Date : 22.11.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHC1015R

Date of Accident: 18.11.2017

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

1. The repair job shall bill to: MSIG FBF9386Y

2. The finalized amount shall be:

(a) Spare Parts after List discount \$411.30

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$811.30

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 22/11/17

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				
3. Survey Fees				
4. LTA Search Fee	\$5.35			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG17022193/K1GBN2

Date: 24/11/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/MT/17-356845-CA	
Claimant Vehicle No :	SHC1015R	Insured Vehicle No :	FBF9386Y	
Date of Loss:	18/11/2017	Nature of Claim:	TP	Claim No: MSC/V/17-001811

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC1015R	Engine No:	2ZRS055899
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Chassis No:	JTDKB3FU803561236
Reg. Date:	05/07/2017 (Man. Year: 2017)	Odometer:	51643 km
Colour:	Blue		
Engine Capacity:	1798 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Yokohama 7 mm	Rear Left Side:	Yokohama 7 mm
Front Right Side:	Yokohama 7 mm	Rear Right Side:	Yokohama 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	906.27	411.30	494.97	54.62
Miscellaneous Items	0.00	0.00	0.00	
Labour	770.00	400.00	370.00	48.05
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,676.27	811.30	864.97	51.60
+ GST 7.00/7.00% (S\$)	117.34	56.79	60.55	51.60
Nett Amount (S\$)	1,793.61	868.09	925.52	51.60

INSPECTION

Date of Assignment:	21/11/2017	
Date Inspected:	21/11/2017 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days	

Adjuster: KALVIN ANG WEI KUN

Manager: LOW AI PHING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 24 Nov 2017)	
Parts: 144	TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)	
Labour: Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted, no print-code for SHC1015R)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Repair	458.60 FL	*- FL
2	1		*REAR BUMPER SIDE RETAINER,LH	Serviceable	112.70 FL	*- FL
3	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
4	1		*REAR LH TAILLAMP LOWER	Cracked	548.40 FL	*548.40 FL
5	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FS	*- FS
						F=Franchise part. S=SpcNett. L=ListItemDisc.
					Sub Total (\$\$)	1,191.70 548.40
					- List Item Discount on L Items 25.00/25.00% (\$\$)	285.43 137.10
					Total Parts (\$\$)	906.27 411.30

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	20.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (S\$)			770.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >