

ASSIGNMENT (Office)

From (Person): Kalvin Julie Mangubat AGI Date/Time: 15/01/18 @ 10:48am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SHA 3232C Insured: SJF 1376J

at Workshop no: Comfort Delgro Tel: 62148398

of: 59 Layang Drive

Policy No: \_\_\_\_\_ Claim No: C10001268

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A: 12/01/2018  
(Client's Report)

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

R&D Reference:

Date/Time: 10:53am 01/1/18 Person Contacted: Lim Hien Siang Vehicle: OUT

| Date/Time | Action/Instruction (✓) <u>Estimate</u> | D.O.A: <u>03/03/2007</u> |
|-----------|--|--------------------------|
|           | <u>SHA 3232C - CF/AGI07000421/a</u>    |                          |
|           | <u>SJF 1376J-X</u>                     |                          |
|           |  |                          |
|           |  |                          |
|           |  |                          |
|           |  |                          |

Surrender

Kalin

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

Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted \_\_\_\_\_

Vehicle IN / OUT

Veh No

SHA 3232C

Vr Regn

27 Aug 27

Type: M.Car / M.Cycle / Bus / Van / Lorry / T<sub>1</sub> / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make

Toyota Prius

CC

1798

Colour

Blue

A.C.

Insured / Std / NI / NA

Sp Reading

62448

T-Radio

Insured / Std / NI / NA

Eng/No \_\_\_\_\_

C.No.

JTDKBJF44035-63520

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size

F:

185/65R15

R:

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

TOYO / YOKO or

Front

Rear

R.Bal

2

mm

R.Bal

2

mm

L.Bal

2

mm

L.Bal

2

mm

D.O.A.

12/1/18

D.O.A.

15/1/18

Survey held at

184E (1777)

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

Rear

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

Date / Time Action / Instruction

12/1/18 - Continued P/P \$2054.03 / 20%  
(Red to 650.43, 24%)

Auto / Ground

RECEIVED 19 JAN 2018

Date/Time File Pass to?



Preli. Report

19/1/18 by 32



Final Report

Date/Time File Return to?

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee

Transporter

Add Fee:



Site Insp. \$



Interior \$



Tech. Insp. \$



Wearhead \$

Report Format:

7P

Lump Sum / I.B.I. \$

2054.03

250



# 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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18000821/K1qd3

(BUDGET DIRECT INSURANCE)  
190 CLEMENCEAU AVENUE #03-01  
SINGAPORE SHOPPING CENTRESINGAPORE  
239924

Date : 15-01-2018



Code : AGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | SJF 1376J      | Veh. Inspected | SHA 3232C  |
| Policy No.   |                | Coverage (\$)  | 0.00       |
| Claim No.    | C10001268      | Excess (\$)    | 0.00       |
| Assign From  | JULIE MANGUBAT | Assign Date    | 15/01/2018 |

## 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  | 12/01/2018   | Inspection Date | 15/01/2018 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

## 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

# Survey Department Check List (Case Handler)

Reference No.: Cy/AG/1800087/Kld3  
 Policy Type: OD / TP / RES / TL / EVA

SHA 3232C

Case Handler

Typist

**Admin** ( Nurtha ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

## (1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

| Y-Date | N-Date | Y-Date | N-Date |
|--------|--------|--------|--------|
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |
| ✓      |        |        |        |

**Surveyor** ( Calvin ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity, (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

|   |  |  |  |
|---|--|--|--|
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |
| ✓ |  |  |  |

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

|   |  |  |  |
|---|--|--|--|
| ✓ |  |  |  |
|---|--|--|--|

## (3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

|   |  |  |  |
|---|--|--|--|
| ✓ |  |  |  |
|   |  |  |  |
|   |  |  |  |
| ✓ |  |  |  |
|   |  |  |  |
|   |  |  |  |

## (4) System - (Views/Merimen)

- C Resurvey photo Uploaded

|   |  |  |  |
|---|--|--|--|
| ✓ |  |  |  |
|---|--|--|--|

Check By:

Calvin 19/1/18

Case Handler

Date

## Nivitha (LKK Auto)

---

**From:** Julie Mangubat <julie.m@budgetdirect.com.sg>  
**Sent:** Monday, 15 January 2018 10:48 AM  
**To:** assignments@lkkauto.com; sur@lkkauto.com  
**Cc:** Claims  
**Subject:** FW: Accident involving SHA3232C & your insured SJF1376J dated 12.01.18 | Our ref: C10001268  
**Attachments:** img-113120053-0001.pdf

Hi Team,

Please accept assignment and liaise with TP workshop.

Thank you.

Regards,  
**Julie Mangubat**  
Executive, Claims

T +65 6540 2181  
F +65 6725 0853  
E [julie.m@budgetdirect.com.sg](mailto:julie.m@budgetdirect.com.sg)

**Budget  
Direct**  
insurance

**Customer Care:** +65 6221 2111  
**Claims:** +65 6221 2199  
**Claims (Int.):** +65 6540 2199

190 Clemenceau Avenue  
#03-01, Singapore Shopping Centre  
Singapore 239924  
[budgetdirect.com.sg](http://budgetdirect.com.sg)

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

**From:** Lim Tien Siong [mailto:limts@cdge.com.sg]  
**Sent:** Monday, 15 January, 2018 9:02 AM  
**To:** Claims <claims@budgetdirect.com.sg>  
**Subject:** Accident involving SHA3232C & your insured SJF1376J dated 12.01.18

Officer in charge,

Best Regards,  
Lim Tien Siong  
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Off:62148398 / Fax:65468156

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

## 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             | 13/01/2018 08:57                           |
| Date Of Accident           | 12/01/2018 17:40                           |
| Exact Location Of Accident | CTE TWDS CITY PARALLEL TO BRADDELL RD EXIT |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|  |                                       |
|--|---------------------------------------|
| Vehicle Registration Number  | SHA3232C                              |
| <b>Insured/Policyholder</b>  |                                       |
| 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                       |
| <b>Vehicle Particulars</b>   |                                       |
| Manufacturer   | TOYOTA                                |
| Model  | PRIUS HYBRID 4G                       |
| Exact Purpose for which vehicle was being used at time of accident           |                                       |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                    |
| If No, Please state action to be taken                                       | THIRD PARTY                           |
| Vehicle Category   | TAXI                                  |
| <b>Insurance Company</b>   |                                       |
| 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  |                                       |
| <b>Driver</b>  |                                       |
| Name of Driver   | NG SEOW SIA                           |
| NRIC No  | S1630726B                             |
| Date Of Birth  | 05/08/1964                            |
| Occupation   | OUTDOOR                               |
| Date Of Driving Pass   | 16/03/1982                            |
| Driving Experience   | 35 YEARS AND 9 MONTHS                 |
| Gender   | MALE                                  |
| Mobile Number  |                                       |
| Fax Number   |                                       |
| Contact Number   |                                       |
| EMail Address  | NOEMAIL                               |

|   |  |
|---|--|
| Address   | BLK 660 WOODLANDS RING ROAD<br>#02-132 |
| Postcode  | 730660                                 |
| Was driver an employee of the Insured's Company     | NO                                     |
| If No, Relationship of the Driver with the Insured  | OTHER - TAXI DRIVER                    |
| Vehicle Registration Number of Driver's Own Vehicle | -                                      |
|   | -                                      |
| Insurance Company of Driver's Own Vehicle           | -                                      |
|   | -                                      |
|   | -                                      |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | DRY             |

#### Other Information

|   |                               |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                            |
| Number of vehicles involved in the accident   | 3                             |
| 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)   | 3                             |
| Passenger 1   | NAME: : -<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : -<br>GENDER: : MALE   |

#### 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

REFER 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 | SJF1376J      |
| Vehicle Make/Model/Colour   |               |
| Details Of Properties       |               |
| Vehicle Category            | PRIVATE CAR   |
| Name of Driver              | TAN CHEE HONG |
| NRIC/Passport Number        | S1202243C     |
| Contact Number              |               |
| Address                     |               |



Postcode

Insurance Company Name

Nature Of Damage

FRONT AND REAR

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLT9473L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

J SIVALINGAM

NRIC/Passport Number

Contact Number

93719133

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**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  
CC REG. NO. 199303821R

*Signature*

13/01/18 *Signature*

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.:

GIA/IAAC SketchPlanForm\_V3



Describe Circumstances of the Accident

On 12 Jan 2018 at about 17:40 hrs I was driving straight on Lane 4 along CTE leading towards the direction of the City.

Somewhere parallel to Braddell Rd exit the front car slowed down and stopped. I slowed down and stopped as well.

Suddenly a few seconds later a car SJF1376J came from behind collided onto the Rear Portion of my stationary taxi.

Shortly after I found that there is another car SLT9473L also involved in this Chain Collision Accident.

02 passengers(mother and son) on board my taxi. No injury at the point of the accident.

Enclosed is a video footage and scene photos to support my claims.

### 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

13/07/18

Witnessed by Reporting  
Centre Personnel

## Sketch Plan Pg. 3

### SKETCH PLAN

BRADDELL RD  
EXIT  
A: SHA 3232C  
B: SJF 1376J  
TAN CHEE HONG  
110 81202243C  
C: SLT 947B L  
J SIVAKINGAM  
HP 93719133  
SJN 4764K  
SMA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

## 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/FIN No.:

NRIC/FIN No.:

GIATAC SketchPlanForm\_V3

Date/Time: 15.01.2018 08:19 Page : 1

JC NO.305106640

|                                  |                     |                       |
|----------------------------------|---------------------|-----------------------|
| OMER                             | REGN NO             | MILEAGE               |
| S COMFORT TRANSPORTATION PTE LTD | SHA3232C            |                       |
| 7010045                          | MAKE                | FUEL                  |
| OMER NO                          | TOYOTA              | E.....1/2.....F       |
| ESS 383 SIN MING DRIVE           | MODEL               | DATE/TIME IN          |
| Singapore SINGAPORE 575717       | PRIUS HYBRID(G4)13. | 01.2018 08:00         |
| 65508755                         | YR OF MANU          | TARGET DATE           |
| (R)                              | 23.08.2017          |                       |
| (P)                              | CHASSIS CODE        | COMPLETION DATE/TIME: |
| UNIT CARD NO                     | JTDRB3FU403563520   |                       |

Accident Date: 12.01.2018  
 ATURE: 3P 12.01.18

### JOB DESCRIPTION

| NO | LABOR CODE | DESCRIPTION |
|----|------------|-------------|
|----|------------|-------------|

RECEIVED & PASSED OUT BY:

## SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHA3232C LIMTS

Vehicle No.: SHA3232C

f Service Advisor.

Signature/Date

Name of Service Advisor

Date \_\_\_\_\_

turned to Service Reception upon collection

To be kept by Security Guard

MODEL : TOYOTA PRIUS

0900

| QTY | PARTS DESCRIPTION                                     | TYPE | UNIT PRICE | AMOUNT                           |
|-----|---|------|------------|----------------------------------|
|     | REAR TRUNK LID LOGO(PRIUS) — <i>acc</i>               |      |            | \$ 60.80                         |
|     | REAR TRUNK LID LOGO(HYBRID) — <i>acc</i>              |      |            | \$ 52.40                         |
|     | REAR TRUNK LID LOGO(TOYOTA STAR) — <i>acc</i>         |      |            | \$ 45.90                         |
|     | REAR BUMPER — <i>Panel</i>                            |      |            | \$ 458.60                        |
|     | REAR BUMPER RE-INFORCEMENT <i>2 Pts</i>               |      |            | \$ 318.80                        |
|     | REAR BUMPER UNDER COVER — <i>acc</i>                  |      |            | \$ 552.60                        |
|     | REAR BUMPER SIDE RETAINER <i>2 Pts</i>                |      |            | \$ 112.70                        |
|     | REAR BUMPER SPONGE <i>X acc</i>                       |      |            | \$ 143.40                        |
|     | REAR BUMPER CLIPS — <i>acc</i>                        |      |            | \$ 22.00                         |
|     | <b>SUB TOTAL</b>                                      |      |            | <b>\$ 1,767.20</b>               |
|     | <b>LESS 20%</b>                                       |      |            | <b>\$ 353.44</b>                 |
|     | <b>DISCOUNTED TOTAL</b>                               |      |            | <b>\$ 1,413.76</b>               |
|     | REAR TRUNK LID APPS STICKER — <i>acc</i>              |      |            | \$ 80.00                         |
|     | REAR TRUNK LID COMFORT & TEL NO. STICKER — <i>acc</i> |      |            | \$ 75.00                         |
|     | REAR BUMPER REVERSE SENSOR — <i>stake</i>             |      |            | \$ 135.70                        |
|     | REAR BUMPER RUBBER MAT — <i>acc</i>                   |      |            | \$ 50.00                         |
|     |   |      |            | <b>\$ 340.70</b>                 |
|     | <b>Labour Charge</b>                                  |      |            | <b>200</b>                       |
|     | Panel Beating   |      |            | <del>\$ 350.00</del>             |
|     | Spray Painting Charge                                 |      |            | <del>\$ 400.00</del> <i>360</i>  |
|     | Wiring Charge   |      |            | <del>\$ 30.00</del> <i>X acc</i> |
|     | Tuff Kote   |      |            | <del>\$ 50.00</del> <i>X acc</i> |
|     | Remove/Refix Reverse Sensor                           |      |            | <del>\$ 120.00</del> <i>20</i>   |
|     | <b>TOTAL LABOUR</b>                                   |      |            | <b>\$ 950.00</b>                 |
|     | <b>ESTIMATE TOTAL</b>                                 |      |            | <b>\$ 2,704.46</b>               |

K9611/16/16/16

15/1/18 1120hrs

2 Pys.

PIP

Before part 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) shall be made
- Supplementary item(s) must be resurveyed
- This estimate is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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

Our Job Ref No : 305106640

Date : 17/01/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA3232C

Date of Accident : 12-Jan-18

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

1. The repair job shall bill to: AUTO & GENERAL INS --- SJF1376J

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,424.03

(b) Labour Charges \$630.00

**Total for Part-By-Part Repair Cost \$2,054.03**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 17/1/18

## 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. Medical Fees (on behalf of driver, if applicable) |        |                             |                        |         |
| 6. Overrun   |        |                             |                        |         |

Remarks:

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.01.2018

## REPAIR ESTIMATE

Time: 17:40:07

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 : 305106640  
REGN NO : SHA3232C  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 23.08.2017  
DATE/TIME IN : 13.01.2018 08:00  
ACCIDENT DATE : 12.01.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

|      |                   |                           |    |        |       |        |
|------|-------------------|---------------------------|----|--------|-------|--------|
| 0001 | 04-01-0302-2269-G | BOOTLID (TOYOTA STAR)     | 1  | 45.90  | 25.00 | 34.42  |
| 0002 | 04-01-0302-2270-G | BOOTLID (HYBRID)          | 1  | 52.40  | 25.00 | 39.30  |
| 0003 | 04-01-0302-2271-G | BOOTLID (PRIUS)           | 1  | 60.80  | 25.00 | 45.60  |
| 0004 | 28-01-0302-0006-A | BOOTLID 65521111          | 1  | 30.00  |       | 30.00  |
| 0005 | 28-01-0302-2013-A | BOOTLID APPS STICKER      | 1  | 80.00  |       | 80.00  |
| 0006 | 28-01-0302-2015-A | BOOTLID COMFORTDELGRO     | 1  | 45.00  |       | 45.00  |
| 0007 | 04-01-0302-2282-G | REAR BUMPER               | 1  | 458.60 | 25.00 | 343.95 |
| 0008 | 04-01-0302-2287-G | REAR BUMPER UNDER COVER   | 1  | 552.60 | 25.00 | 414.45 |
| 0009 | 04-01-0302-2267-G | REAR BUMPER CLIPS         | 10 | 22.00  | 25.00 | 16.50  |
| 0010 | 09-01-0302-2005-A | REVERSE SENSOR            | 1  | 135.70 |       | 135.70 |
| 0011 | 04-01-0302-2288-G | REAR BUMPER REINFORCEMENT | 1  | 318.80 | 25.00 | 239.10 |

SUB-TOTAL : 1,424.02

## JOB NATURE



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

JOB NO : 305106640  
REGN NO : SHA3232C  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 23.08.2017  
DATE/TIME IN : 13.01.2018 08:00  
ACCIDENT DATE : 12.01.2018

| JOB / PARTS DESCRIPTION |                             | QTY    | IND | UNIT | PRICE | DISC% | AMOUNT   |
|-------------------------|-----------------------------|--------|-----|------|-------|-------|----------|
| 0000 L                  | PANEL BEATING               | 200.00 |     |      |       |       |          |
| 0001 23-502             | SPRAYPAINT ON AFFECTED AREA | 360.00 |     |      |       |       |          |
| 0002 L                  | R/I REVERSE SENSOR          | 20.00  |     |      |       |       |          |
| 0003 20-05              | REAR BUMPER MAT             | 50.00  |     |      |       |       |          |
| SUB-TOTAL :             |                             |        |     |      |       |       | 630.00   |
| TOTAL :                 |                             |        |     |      |       |       | 2,054.02 |

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :




# 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  |  |                              |                    |   |
|--|--|------------------------------|--------------------|---|
| AUTO & GENERAL INSURANCE (S) PL  |  | Ref : CS/AGI18000821/K1qd3n2 |                    |   |
| (BUDGET DIRECT INSURANCE)  |  | Date : 23-01-2018            |                    |  |
| 190 CLEMENCEAU AVENUE #03-01   |  | Code : AGI                   |                    |   |
| SINGAPORE SHOPPING CENTRESINGAPORE 239924  |  |                              |                    |   |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>  |  |                              |                    |   |
| Insured Veh.   | SJF 1376J  | Veh. Inspected               | SHA 3232C          |   |
| Policy No.   |  | Coverage (\$)                | 0.00               |   |
| Claim No.  | C10001268  | Excess (\$)                  | 0.00               |   |
| Assign From  | JULIE MANGUBAT   | Assign Date                  | 15/01/2018         |   |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |                              |                    |   |
| Make & Model   | TOYOTA PRIUS   | c.c                          | 1798               |   |
| Engine No.   | HIDDEN   | Year of Reg.                 | 2017               |   |
| Chassis No.  | JTDKB3FU403563520  | Colour                       | BLUE               |   |
| Odometer   | 62448  | Steering                     | IN ORDER           |   |
| Brakes   | IN ORDER   | Modification                 | STANDARD ALLOY RIM |   |
| General  | FAIR   |                              |                    |   |
| <b>3. Conditions of Tyres</b>  |  |                              |                    |   |
|  | Size   | Make                         | Balance            |   |
| R/H Front Tyre   | 195/65 R15   | YOKOHAMA                     | 7 mm               |   |
| L/H Front Tyre   | 195/65 R15   | YOKOHAMA                     | 7 mm               |   |
| R/H Rear Tyre  | 195/65 R15   | YOKOHAMA                     | 7 mm               |   |
| L/H Rear Tyre  | 195/65 R15   | YOKOHAMA                     | 7 mm               |   |
| <b>4. Description of Damages</b>   |  |                              |                    |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.   |  |                              |                    |   |
| DAMAGES SEE DETAILS.   |  |                              |                    |   |
| <b>5. General Information</b>  |  |                              |                    |   |
| Accident Date  | 12/01/2018   | Inspection Date              | 15/01/2018         |   |
| Survey held at   | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                              |                    |   |
| <b>5a. Remarks</b>   |  |                              |                    |   |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |  |                              |                    |   |
| <b>5b. Estimate Days of Repair</b>   |  |                              |                    |   |
| ESTIMATED NORMAL PERIOD FOR REPAIR:  |  | 2 Working Days               |                    |   |



# 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

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3232C

| Qty                                | Description of Parts                         | Condition     | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|---------------|---------------------------|-------------------|
| <b><u>REPLACEMENT OF PARTS</u></b> |  |               |                           |                   |
| 1                                  | REAR TRUNK LID LOGO (PRIUS)                  | NECESSARY     | 60.80                     | 60.80             |
| 1                                  | REAR TRUNK LID LOGO (HYBRID)                 | NECESSARY     | 52.40                     | 52.40             |
| 1                                  | REAR TRUNK LID LOGO (TOYOTA STAR)            | NECESSARY     | 45.90                     | 45.90             |
| 1                                  | REAR BUMPER                                  | DEFORMED      | 458.60                    | 458.60            |
| 1                                  | REAR BUMPER RE-INFORCEMENT                   | BENT          | 318.80                    | 318.80            |
| 1                                  | REAR BUMPER UNDER COVER                      | CRACKED       | 552.60                    | 552.60            |
| 1                                  | REAR BUMPER SIDE RETAINER                    | SERVICEABLE   | 112.70                    | -                 |
| 1                                  | REAR BUMPER SPONGE                           | NOT NECESSARY | 143.40                    | -                 |
| 10                                 | REAR BUMPER CLIPS                            | NECESSARY     | 22.00                     | 22.00             |
|                                    | LESS 20% DISCOUNT                            |               | -353.44                   | -                 |
|                                    | LESS 25% DISCOUNT                            |               | -                         | -377.77           |
|                                    |  |               | 1,413.76                  | 1,133.33          |
| <b><u>SPECIAL NETT ITEMS</u></b>   |  |               |                           |                   |
| 1                                  | REAR TRUNK LID APPS STICKER (SN)             | NECESSARY     | 80.00                     | 80.00             |
| 1                                  | REAR TRUNK LID CPMFORT & TEL NO STICKER (SN) | NECESSARY     | 75.00                     | 75.00             |
| 1                                  | REAR BUMPER REVERSE SENSOR (SN)              | SHORTED       | 135.70                    | 135.70            |
| 1                                  | REAR BUMPER RUBBER MAT (SN)                  | NECESSARY     | 50.00                     | 50.00             |
|                                    |  |               | 340.70                    | 340.70            |
| <b><u>LABOUR</u></b>               |  |               |                           |                   |
|                                    | PANEL BEATING.                               |               | 350.00                    | 200.00            |
|                                    | SPRAY PAINTING CHARGE.                       |               | 400.00                    | 360.00            |
|                                    | WIRING CHARGE.                               | NOT NECESSARY | 30.00                     | -                 |
|                                    | TUFF KOTE.                                   | NOT NECESSARY | 50.00                     | -                 |
|                                    | REMOVE/REFIX REVERSE SENSOR.                 |               | 120.00                    | 20.00             |
|                                    |  |               | 950.00                    | 580.00            |
| <b>GRAND TOTAL</b>                 |  |               | <b>2,704.46</b>           | <b>2,054.03</b>   |
| <b>RECOMMENDED COST OF REPAIRS</b> |  |               |                           | <b>2,054.03</b>   |

Report Ref No. CS/AGI18000821/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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