

00000001

ASS. REC. BY:

REF: CS/MSG18003221/K/vd3<sup>n2</sup> Special Instruction

Surveyor: Kalvin ASSIGNMENT (Office)

Merimen  
From (Person): Monica Chung of MSIG Date/Time: 20/2/18 @ 11:53am

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

OD (IP) WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SHA 5725J Insured: SKE 7728G

at Workshop m/s: Comfort Delgro Tel: 6214 8300

of Sq Loyang Drive

Policy No: 273261308MP Claim No: 550005

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

Make of Veh: \_\_\_\_\_ D.O.A. 13/02/2018  
(Client's Record)

CA / REV / REP. / REV 24 HRS 1wp H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 12:12pm @ 20/2/18 Person Contacted: \_\_\_\_\_ Vehicle: IN/OUT

Date/Time	Action/Instruction
	( <u>→</u> Estimate
	SHA 5725J - NA / RST 14008799 / r3 D.O.A: 10/5/14
	SKE 7728G - CS / CAI 15003012 / Tlvbu2 D.O.A: 13/02/15
<u>27/2/18</u>	Send preli revised by merimen

Surveyor: Calvin

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected 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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHA 5725J Yr Regn: 7 Sep 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Blue A/C: Ins~~u~~ / Std / NI / NA

Sp. Reading: 38745 T/Radio: Ins~~u~~ / Std / NI / NA

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

C/No: JTDKB3FU503563915

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inord~~e~~ / Jammed / Leaked / Burnt or

Brake: Inord~~e~~ / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / ~~YOKO~~ or

Front 7 mm Rear 7 mm

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 15/2/18 D.O.I. 20/2/18

Survey held at COAC (1/2)

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

22/2/18 Continued PIP \$74445 / 2 Ap. (Red 1367.33, 659) MSZG PIP

[Signature]  
21/2/2018

RECEIVED 27 FEB 2018

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) 27/2- typist

Report Format: merimen

Lump Sum / I.S.I: (\$) 744.45

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation: 200

S + RS, SI 10

Photos

Others

TOTAL

210



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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Feb 2018		20 Feb 2018 11:53 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	MOHAMED JAMAL BIN MOHAMED HANIFA, ID: S0369412G		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA5725J	Date of Loss:	15/02/2018 00:00 - :59
Claim Type:	TP / 550005	Policy/Cover Note No.:	27326130SMP (Comprehensive) Coverage: 11/05/2017 - 10/05/2018
Vehicle Reg. No. (Insured):	SKE7728G	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 Monica Chung Pei Zhen - 6594 2552]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 21/02/2018]		
Adj Asg. Remarks:	ON WP		

### 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

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/MSG18003221/K1vd3

16 RAFFLES QUAY  
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 20-02-2018



Code : MSG

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKE 7728G	Veh. Inspected	SHA 5725J
Policy No.	27326130SMP	Coverage (\$)	0.00
Claim No.	550005	Excess (\$)	0.00
Assign From	MERIMEN (MONICA CHUNG)	Assign Date	20/02/2018

### 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

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### 5. General Information

Accident Date	15/02/2018	Inspection Date	20/02/2018
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.
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## 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

<b>To:</b> MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	<b>From:</b> LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
<b>Attn:</b> Monica Chung Pei Zhen	
<b>Date:</b> 27 Feb 2018	
<h3><u>Preliminary Advice</u></h3>	

<b>Insured Vehicle No</b> : SKE7728G	
<b>TP Vehicle No</b> : SHA5725J	<b>Accident Date</b> : 15/02/2018
<b>Make</b> : TOYOTA PRIUS	<b>Assignment Date</b> : 20/02/2018
<b>Date of Inspection</b> : 20/02/2018	<b>Est. Duration of Repair</b> : 2.00
<b>Inspection At</b> : COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969	

### Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,111.78
Revised Amount	:S\$	744.45
Check Items (Estimated)	:S\$	0.00
<b>Total</b>	<b>:S\$</b>	<b>744.45</b>

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.

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 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	19/02/2018 13:56
Date Of Accident	15/02/2018 16:45
Exact Location Of Accident	JOO CHIAT RD TWDS MARINE PARADE RD X JUNCTION.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5725J
<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

### Vehicle Particulars

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

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	HAN YEO HENG
NRIC No	S6925448I
Date Of Birth	24/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	HANCOMSG.HYH@GMAIL.COM

Address	BLK 761 PASIR RIS STREET 71 04/04/1994
Postcode	510761
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 involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

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	SKE7728G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED SAMIR KAZURA
NRIC/Passport Number	S8325224C
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRONT

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

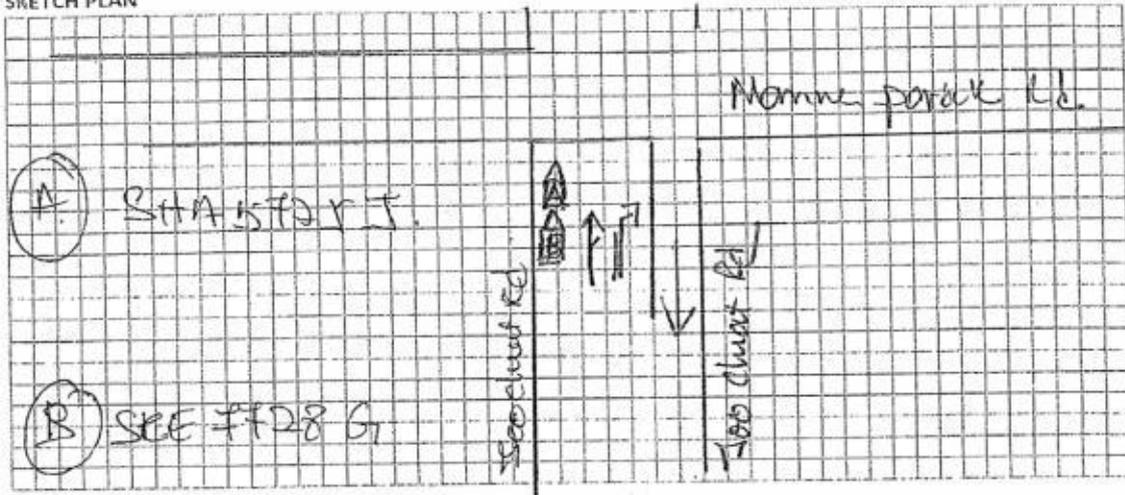
X  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

W. Chan 11/12/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON: 18/12/18 @ 1650 hrs I veh A  
 was driving along Soo chuat Rd towards  
 Mainne parade Rd. I veh A was  
 waiting at Traffic Junction for green light  
 At the moment the light change green. I veh  
 A just move and stop suddenly veh B from  
 Rear hit veh A Rear. at the point of  
 accident I veh A ferry one male, one female,  
 and two dogs. NO injury.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303821R

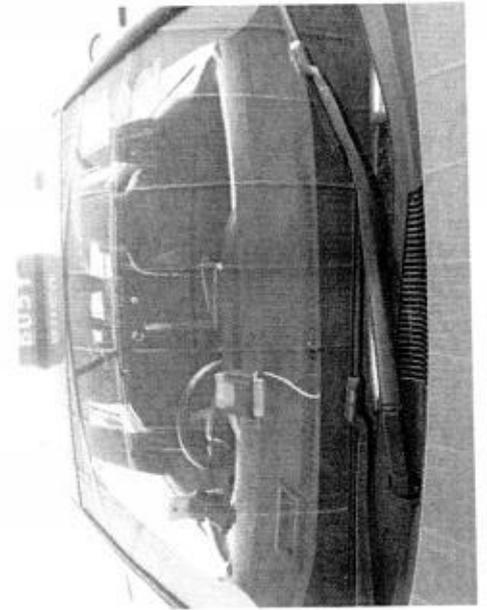
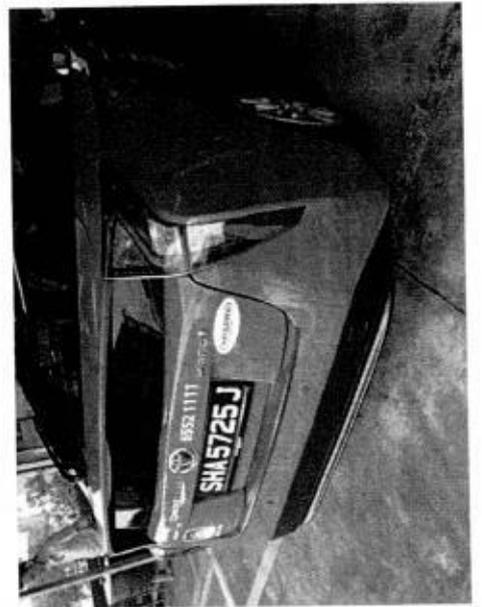
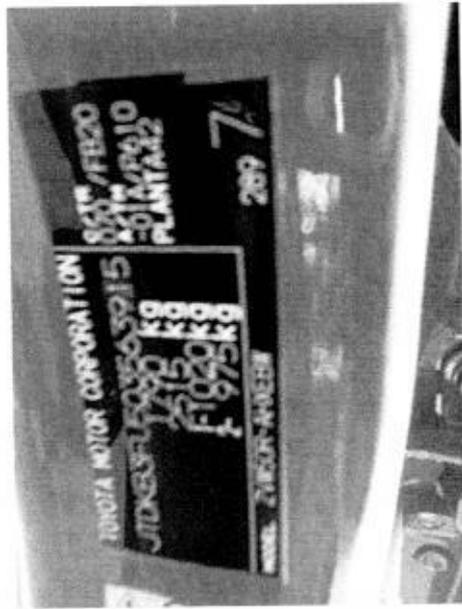
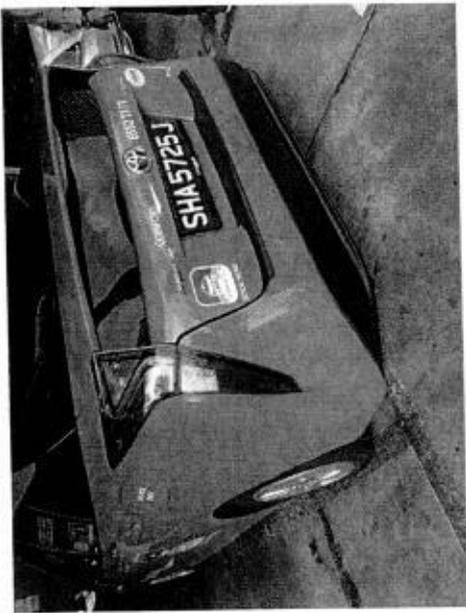
Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name:

NRIC/FIN No.:

*J. Man* 19/12/18



Team: ARC Repair TP(CLS0)1

**JOB CARD Sales Order:**

JC NO: 305117910

TOMER AS COMFORT TRANSPORTATION PTE LTD 7010045 TOMER NO: 383 SIN MING DRIVE PRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHA5725J	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4)19.02.2018 10:10	DATE/TIME IN
	YR OF MANU: 07.09.2017	TARGET DATE
	CHASSIS CODE: JTDKB3FU503563915	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.02.2018  
 NATURE: 3P 15.02.18

Sl/NO                      LABOR CODE                      DESCRIPTION

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

Exit Pass

Vehicle No.: SHA5725J                      JU MSIG

Vehicle No.: SHA5725J

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



MSIG

REPAIR ESTIMATE

19/2/2018 23:36

VEHICLE NO : SHA 5725J

Jumani

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X repair</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>X new</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>- 1</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X new</i>			\$ 112.70
REAR BUMPER SPONGE <i>X "</i>			\$ 143.40
REAR BUMPER CLIPS <i>X "</i>			\$ 22.00
SUB TOTAL			\$ 1,608.10
LESS 25%			\$ 402.03
DISCOUNTED TOTAL			\$ 1,206.08
REAR BUMPER REVERSE SENSOR <i>X "</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>- 1</i>			\$ 50.00
			\$ 185.70
Labour Charge			100
Panel Beating			\$ <del>350.00</del>
Spray Painting Charge			\$ <del>200.00</del> 180
Wiring Charge			\$ <del>50.00</del> X "
Remove/Refix Reverse Sensor			\$ <del>120.00</del> X "
TOTAL LABOUR			\$ 720.00
ESTIMATE TOTAL			\$ 2,111.78

NETT  
NETT

*Ka Loo CKK*  
*20/2/18 1230h*  
*2 Days*  
*P/P*  
*After Repair photo*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal communication(s) is allowed
- Supplementary item(s) must be resurveyed and 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 PTE LTD

Date: 21.02.2018

REPAIR ESTIMATE

Time: 17:32:52

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 : 305117910  
REGN NO : SHA5725J  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 07.09.2017  
DATE/TIME IN : 19.02.2018 10:10  
ACCIDENT DATE : 15.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

SUB-TOTAL : 414.45

JOB NATURE

0000 L REAR BUMPER MAT 50.00

0001 L PANEL BEATING- REAR 100.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

SUB-TOTAL : 330.00

TOTAL : 744.45

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

## COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305117910  
Date : 21/02/2018

### FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHA5725J Date of Accident : 15/02/2018

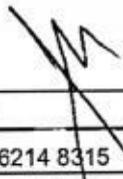
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: MSIG --- SKE7728G  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		<u>\$414.45</u>
(b) Labour Charges	###	<u>\$330.00</u>
<b>Total for Part-By-Part Repair Cost</b>		<b><u>\$744.45</u></b>
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u>                    </u>
<b>Final Lumpsum Repair cost</b>		<b><u>                    </u></b>

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 : JUMANI  
Tel : 6214 8315  
Fax : 65468196

Signature :   
Name : Kalvin  
Date : 22/2/18

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

Remarks:

CHECK ITEMS:

## 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/MSG18003221/K1VD3N2

Date: 28/02/2018

**REFERENCE**

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	27326130SMP
Claimant Vehicle No :	SHA5725J	Insured Vehicle No :	SKE7728G
Date of Loss:	15/02/2018	Nature of Claim:	TP
		Claim No:	550005

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

Reg No:	SHA5725J	Engine No:	2ZRS063037
Make & Model:	TOYOTA PRIUS, 1.5 HYBRID (A)	Chassis No:	JTDKB3FU503563915
Reg. Date:	07/09/2017 (Man. Year: 2017)	Odometer:	38745 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	1,391.77	464.45	927.32	66.63
Miscellaneous Items	0.00	0.00	0.00	
Labour	720.00	280.00	440.00	61.11
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,111.77</b>	<b>744.45</b>	<b>1,367.32</b>	<b>64.75</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>147.82</b>	<b>52.11</b>	<b>95.71</b>	<b>64.75</b>
<b>Nett Amount (S\$)</b>	<b>2,259.59</b>	<b>796.56</b>	<b>1,463.03</b>	<b>64.75</b>

**INSPECTION**

Date of Assignment:	20/02/2018	
Date Inspected:	20/02/2018 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: VERON CHEN

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 28 Feb 2018)
<b>Parts:</b> 144	TOYOTA PRIUS 1.5 HYBRID (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHA5725J)
<b>Validity:</b>	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
<b>Further Info:</b> 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 RE-INFORCEMENT	Serviceable	318.80 FL	*- FL
3	1		*REAR BUMPER UNDER COVER	Cut	552.60 FL	*552.60 FL
4	1		*REAR BUMPER SIDE RETAINER	Serviceable	112.70 FL	*- FL
5	1		*REAR BUMPER SPONGE	Not Necessary	143.40 FL	*- FL
6	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
7	1		*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 FS	*- FS
8	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>1,793.80</b>	<b>602.60</b>
- List Item Discount on L Items 25.00/25.00% (\$\$)	402.03	138.15
<b>Total Parts (\$\$)</b>	<b>1,391.77</b>	<b>464.45</b>

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
<b>Labour Items</b>				
1	PANEL BEATING	New	350.00	100.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	-
<b>Gross Labour Cost (S\$)</b>			<b>720.00</b>	<b>280.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >