

ASS. REC. BY:

REF: CS/MSG18004662/K1rd3⁷

Special Instruction:

Surveyor: Kalvin Menmen

ASSIGNMENT (Office)

From (Person): Jasmine Lok of MSIGDate/Time: 12/3/18 @ 3:29pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHD 3607PInsured: SLQ 294Lat Workshop m/s Comfort DelanoTel: 624 8300of 59 Loyang DrivePolicy No: MSD/VPCP/17-062474Claim No: MSC/V/18-000374

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 9/3/2018CA / REV / REP. / REV 24 HRS ^{lwp}

H.O.D. Endorsement:

Date/Time: 3:32pm @ 12/3/18

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate
	SHD 3607P - X	
	SLQ 294L - CS3/MSG17018145/Wbe2	D.O.A. 17/4/2017
	Sat prih thru menmen	

06/11/13

REF:

Surname: Kelvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp ed Vehicle No: _____

at Work Shop 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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 3607PYr Regn: 14 Sep 2016

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

Truck / Trailer or

Make: Toyota PriusC.C. 1798Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 189340

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70K B3F4B3r J0284

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Went to

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 9/3/18D.O.I. 12/3/18Survey held at CDGE (Loyang)

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
15/3/18	Continued PIP \$280 / 2 days. Red: \$1890.74, 871

MSEH
PIP

RECEIVED 16 MAR 2018

Date/Time, File Pass to?



Prel. Report

1) typist

Final Report

Date/Time, File Return to?

2) _____

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

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Insp (\$)



Vehicle (\$)

Survey Fee: 200Transportation: 10

S + RS. \$

Photos

Others

TOTAL

210Report Format: TP

+ 280

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Mar 2018		12 Mar 2018 15:29 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	HITACHI CAPITAL ASIA PACIFIC PTE LTD, Co. Reg. No.: -		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD3607P	Date of Loss:	09/03/2018 00:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	MSD/VPCP/17-002474 Coverage: 14/10/2017 - 13/10/2018
Vehicle Reg. No. (Insured):	SLQ294L	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 Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 13/03/2018]		

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/MSG18004662/K1rd3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 12-03-2018	
			Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLQ 294L	Veh. Inspected	SHD 3607P	
Policy No.	MSD/VPCP/17-002474	Coverage (\$)	0.00	
Claim No.	MSC/V/18-000374	Excess (\$)	0.00	
Assign From	MERIMEN (JASMINE LOK)	Assign Date	12/03/2018	
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	09/03/2018	Inspection Date	12/03/2018	
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.				

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: Jasmine Lok Kheng Kwei

Date: 13 Mar 2018

Preliminary Advice

Insured Vehicle No : SLQ294L

TP Vehicle No : SHD3607P

Make : TOYOTA PRIUS

Date of Inspection : 12/03/2018

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

Accident Date : 09/03/2018

Assignment Date : 12/03/2018

Est. Duration of Repair : 2.00

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\$	2,170.74
Revised Amount	:S\$	280.00
Check Items (Estimated)	:S\$	255.04
Total	:S\$	535.04
Lump Sum Repair	:S\$	

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 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	10/03/2018 09:11
Date Of Accident	09/03/2018 18:55
Exact Location Of Accident	PIE TWDS JURONG AFTER PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3607P
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 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LEE TECK HIN
NRIC No	S1639763F
Date Of Birth	20/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1990
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	TECKHIN63@GMAIL.COM

Address	BLK 457 ANG MO KIO AVENUE 10 #05-1532
Postcode	560457
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

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	SLQ294L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	96469641
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.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

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

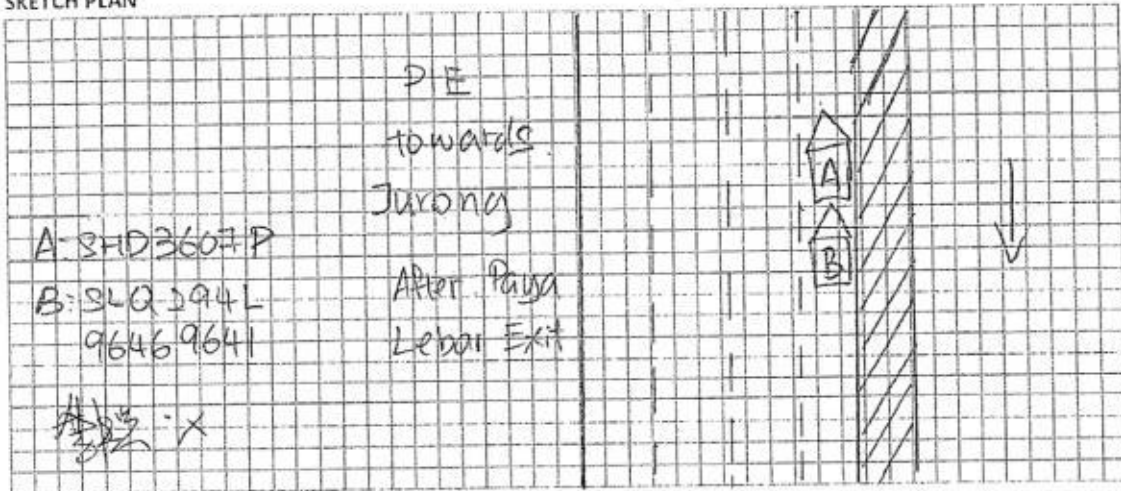
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/3/18 at about 18:55 hrs, I was driving along PIE towards Jurong on 1st lane.

Traffic are heavy at that moment, so I was slowly drive on the road. Suddenly a few seconds later a Toyota SLQ 294L came from behind collided onto the rear portion of my taxi.

01 female passenger in my taxi, no injury at the point of accident.

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.:

GUARMC SketchPlanForm_V2

Date/Time: 10.03.2018 10:31 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305123764

OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO	SHD3607P	MILEAGE
IS	7010045	MAKE	TOYOTA	FUEL
OWNER NO	583 SIN MING DRIVE	MODEL	PRIUS HYBRID(G4)10.	E.....1/2.....F
LESS	Singapore SINGAPORE 575717	DATE/TIME IN	03.2018 08:05	
	65508755	YR OF MANU	14.09.2016	TARGET DATE
(R)	(O)	CHASSIS CODE	JTDKE3FU703530284	COMPLETION DATE/TIME:
(P)				
DUNT CARD NO.				

Accident Date: 09.03.2018
 ATURE: 3P 09.03.18

JOB DESCRIPTION

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

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

edgement Slip

Exit Pass

SHD3607P LIMTS

Vehicle No.: SHD3607P

Service Advisor

Signature/Date

Name of Service Advisor

Date _____

urned to Service Reception upon collection

To be kept by Security Guard

VEHICLE : SHD 3607P

D MS/CF-CP/P) 3/10/2018 (Sat

TS
1130

MODEL	: TOYOTA PRIUS			
QTY	PARTS DESCRIPTION	TYPE	UNIT PRICE	AMOUNT
	REAR BUMPER X ¹⁴⁰²			\$ 458.60
	REAR BUMPER RE-INFORCEMENT X ³⁰⁰			\$ 318.80
	REAR BUMPER UNDER COVER X ³⁰⁰			\$ 552.60
	REAR BUMPER SIDE RETAINER X ³⁰⁰			\$ 112.70
	REAR BUMPER SPONGE X ³⁰⁰			\$ 143.40
	REAR BUMPER TOWING COVER X ³⁰⁰			\$ 82.70
	SUB TOTAL			\$ 1,668.80
	LESS 20%			\$ 333.76
	DISCOUNTED TOTAL			\$ 1,335.04
	REAR BUMPER REVERSE SENSOR X ³⁰⁰			\$ 135.70
				\$ 135.70
	Labour Charge			\$ 100
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 2,170.74
	Kalia LICKI 12/3/18 1600L. 2 hrs P/P After Repair p lto			

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer
Signature:
Date:

NETT

150
x 49
x 49

Kalia (L/K)

12/3/18 1600h

2 Ry

P/P

After Repro p lto

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer
Signature: _____
Date: _____

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: 15.03.2018

REPAIR ESTIMATE

Time: 08:56:31

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 : 305123764
REGN NO : SHD3607P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 14.09.2016
DATE/TIME IN : 10.03.2018 08:05
ACCIDENT DATE : 09.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

SUB-TOTAL : 280.00

TOTAL : 280.00


MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305123764
Date : 15/03/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3607P

Date of Accident : 09-Mar-18

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

1. The repair job shall bill to: MSIG --- SLQ 294L
2. The finalized amount shall be:

(a) Spare Parts after List discount	NIL
(b) Labour Charges	\$280.00
Total for Part-By-Part Repair Cost	\$280.00
(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 : 15/3/18

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:

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/MSG18004662/K1RD3N2
Date: 19/03/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VPCP/17-002474
Claimant Vehicle No:	SHD3607P	Insured Vehicle No:	SLQ294L
Date of Loss:	09/03/2018	Nature of Claim:	TP
		Claim No:	MSCV/18-000374

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD3607P	Engine No:	2ZRR922734
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FU703530284
Reg. Date:	14/09/2016 (Man. Year: 2016)	Odometer:	189340 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:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,470.74	0.00	1,470.74	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	700.00	280.00	420.00	60.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,170.74	280.00	1,890.74	87.10
+ GST 7.00/7.00% (S\$)	151.95	19.60	132.35	87.10
Nett Amount (S\$)	2,322.69	299.60	2,023.09	87.10

INSPECTION

Date of Assignment:	12/03/2018	
Date Inspected:	12/03/2018	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: Janice Lee Si Hua

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: 19 Mar 2018)
Parts: 144	TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD3607P)
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 RE-INFORCEMENT	Serviceable	318.80 FL	*- FL
3	1		*REAR BUMPER UNDER COVER	Serviceable	552.60 FL	*- FL
4	1		*REAR BUMPER SIDE RETAINER	Serviceable	112.70 FL	*- FL
5	1		*REAR BUMPER SPONGE	Not Necessary	143.40 FL	*- FL
6	1		*REAR BUMPER TOWING COVER	Serviceable	82.70 FL	*- FL
7	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
					Sub Total (S\$)	1,804.50
					- List Item Discount on L Items 20.00/20.00% (S\$)	333.76
					Total Parts (S\$)	1,470.74

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

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	350.00	100.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	30.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (\$\$)			700.00	280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >