

ASS. REC. BY:

REF: CS / MCH 180060514 / Kldbnz Special Instruction:

Survivor: Kalvin.

ASSIGNMENT (Office)

From (Person): Hevel Foo of MSLH Date/Time: 03042018 11:17am

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SH 6042Y Insured: STU 3659Bat Workshop m/s ComArt Delgo Tel: 6214 8315of 59 Loyang DrivePolicy No: P60267814DMA Claim No: 554227

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01042018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement: _____

Date/Time: 03042018 12pm Person Contacted: Jumani Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SH 6042Y - NA / DAE 14003408 / CS Ref: 0605111
	STU 3659B - CC6 / AEA 10014899 / Kldbnz Ref: 220710
04/4/18 @ 3.46pm	revised to Hevel Foo via Mainman.

(08/11/13)

Surve yr: Kalvin

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 Report: _____ Consistent? : Yes or No

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

Est Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 6042Y Yr Regn: 28 Sep / 21Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: Bhe A/C: Insured / Std / NI / NASp. Reading: 77519 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70K83F410356X320Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / OK / Jammed / Leaked / Burnt orBrake: Inorder / OK / Jammed / Leaked / Burnt orModi: Nil / S/Rim / SD A/Rim orTyre 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 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 1/4/2 D.O.I. 3/4/18Survey held at COGE (byang)

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

o/s Rear

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

Date / Time	Action / Instruction
<u>6/4/8</u>	<u>Calculated P/P \$ 2050.03 / 3 Pys. (Red to 588, 27%)</u>
	<u>Final fig to 2050.02 Due to merimen system calculation</u>

RECEIVED 09 APR 2018

Date/Time, File Pass to?

☐ : Preli. Report12/4/13 by mer☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

150

10

160

Report Format:

ump 2.1 in 1.13.1.15

MER-TP
2050.02



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/MSG18006054/K1qb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 03-04-2018



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJU 3659B	Veh. Inspected	SH 6042Y
Policy No.	P60267814DMA	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (FIEVEL FOO)	Assign Date	03/04/2018

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	01/04/2018	Inspection Date	03/04/2018
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.
--

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Apr 2018		03 Apr 2018 11:17 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS			[Created by insurer]						
Insured:	LI BINBIN, ID: S7484809E								
Main Claimant:	Comfort Transportation Pte Ltd,		Co. Reg. No.: 199303821R						
Vehicle Reg. No.:	SH6042Y	Date of Loss:	01/04/2018 15:00 - :59 [6 Months and 4 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP	Policy/Cover Note No.:	P60267814DMA (Comprehensive) Coverage: 30/11/2017 - 29/11/2018						
Vehicle Reg. No. (Insured):	SJU3659B	Policy No. (Claimant):							
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 Fievel Foo Wen Yao - 6643 1316]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 04/04/2018]								
Driver/Custodian (Insured):	ZHOU RUI (), NRIC: S7584016J								
			View All	Compose Case Mail					
ASSOCIATED MAIL RECEIVED									
There are no mail for this case.									
ALL ASSOCIATED TASKS									
<div> <div>View All</div> <div>Search Tasks</div> <div>Create New Task</div> <div>Complete</div> </div>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

4/4/2018

Adjuster Immediate Advice

Note: This document has not been finalised.

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: Fievel Foo Wenyo

Date: 04 Apr 2018

Preliminary Advice

Insured Vehicle No	: SJU3659B	Accident Date	: 01/04/2018
TP Vehicle No	: SH6042Y	Assignment Date	: 03/04/2018
Make	: TOYOTA PRIUS	Est. Duration of Repair	: 3 days
Date of Inspection	: 03/04/2018		
Inspection At	: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,638.03
Revised Amount	:S\$	1,634.98
Check Items (Estimated)	:S\$	182.40
Total	:S\$	1,817.38
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.

List Item

<u>PAY</u>	<u>UNPAID</u> / check
817.50	94.80
175.80	148.40
	134.20

LABOUR

<u>PAY</u>	<u>UNPAID</u>
400.00	100.00
400.00	100.00
20.00	50.00
50.00	30.00
20.00	100.00
	120.00
	100.00
	120.00

993.30

377.40

890.00

720.00

1370.70

993.30

377.40

993.30

248.33

744.98

890.00

1634.98

94.80

148.40



CHECK ITEM

243.20

60.80

182.40

TOTAL =

1817.38

(Pay item + check item)

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	02/04/2018 14:24
Date Of Accident	01/04/2018 15:35
Exact Location Of Accident	EXPO DRIVE TWDS TAXI STAND NEAR HALL 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6042Y
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	LAI SOON SIONG
NRIC No	S0379830E
Date Of Birth	02/06/1946
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1969
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	216 08-76 SERANGOON AVENUE 4
Postcode	550216
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 - CHANGE/CROSS LANE (TPV/JWIR)
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

see attach.

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

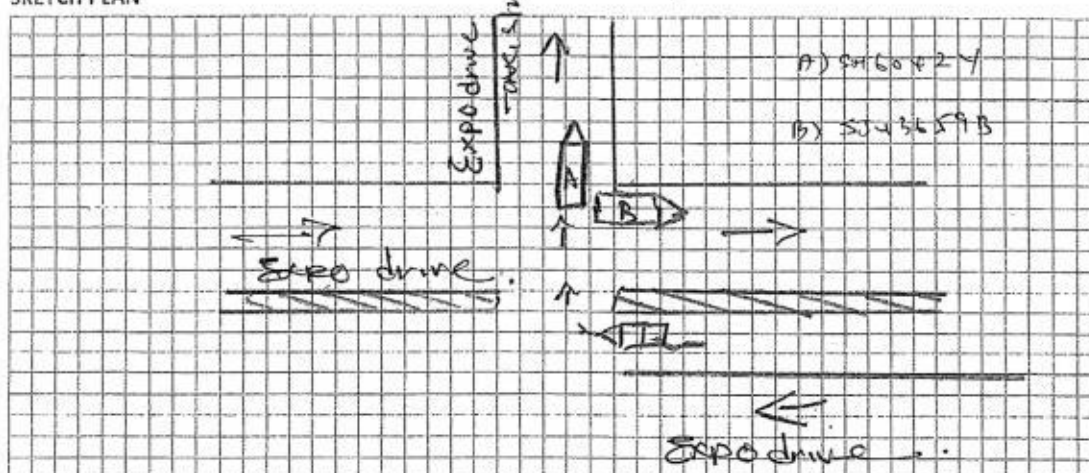
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU3659B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHOU RUI
NRIC/Passport Number	S7584016J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 1 April 2018 @ 15:35hr I VEH A
 wanted to drop veh A passenger at Expo
 drive to d Taxi stand. the moment I
 Veh A drive in expo drive road suddenly
 veh B from main road reverse back and
 hit veh A Right Rear. at the point of accident
 veh A ferry a male female passenger she was ok.

DECLARATION

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

REPORT TRANSPORTATION TELE
 Policyholder's Signature
 Date & Time: CO REG. NO 1993038
 (If driver is not the policyholder)
 Date & Time:

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

Sketch Plan Pg. 2

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:

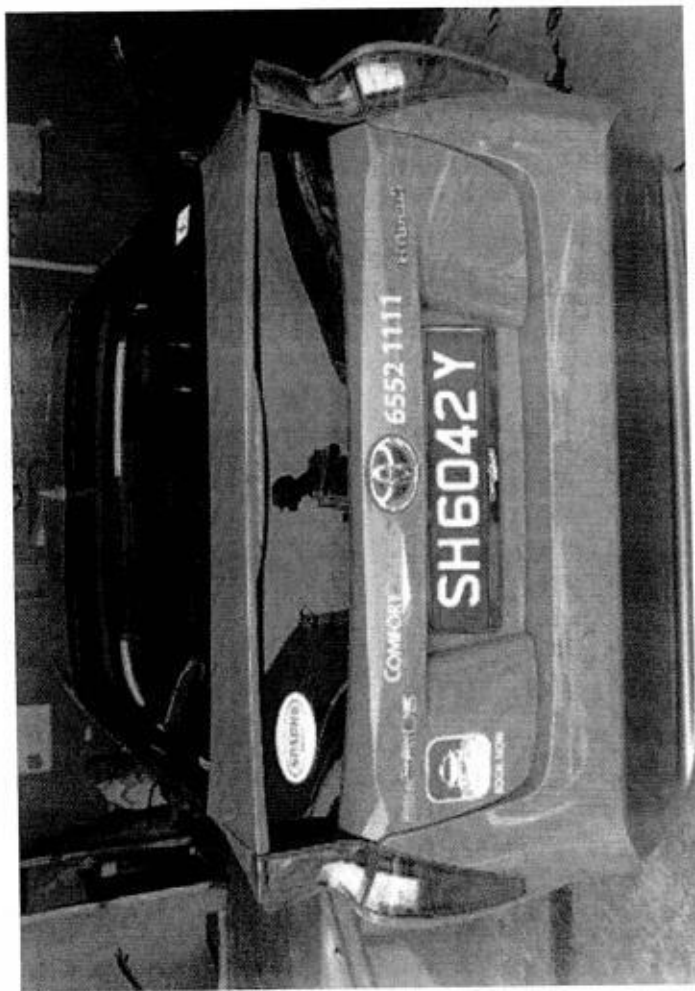
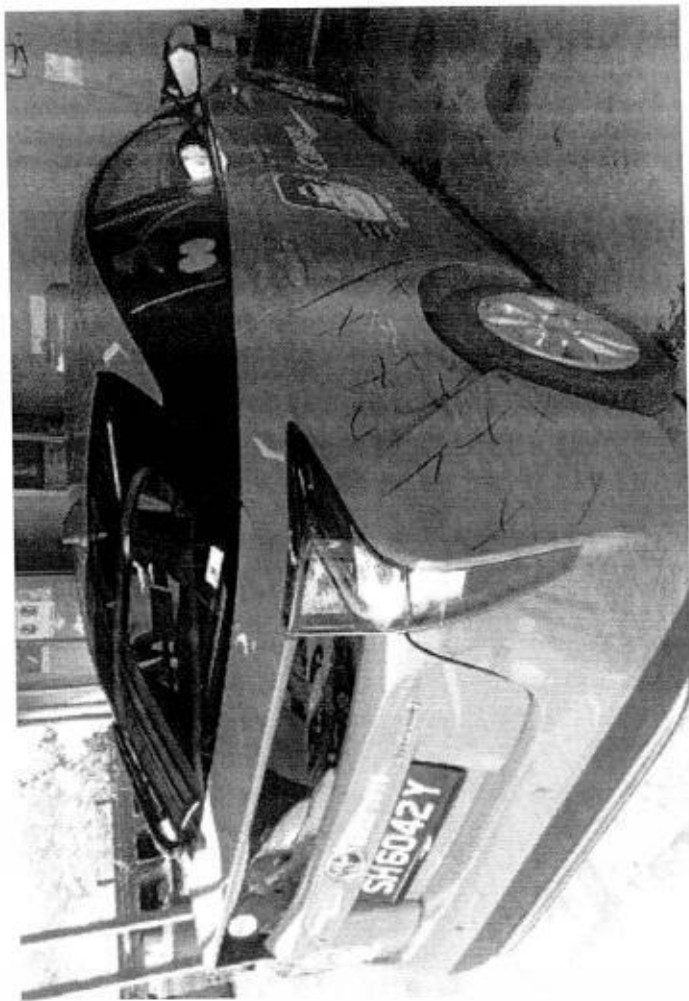
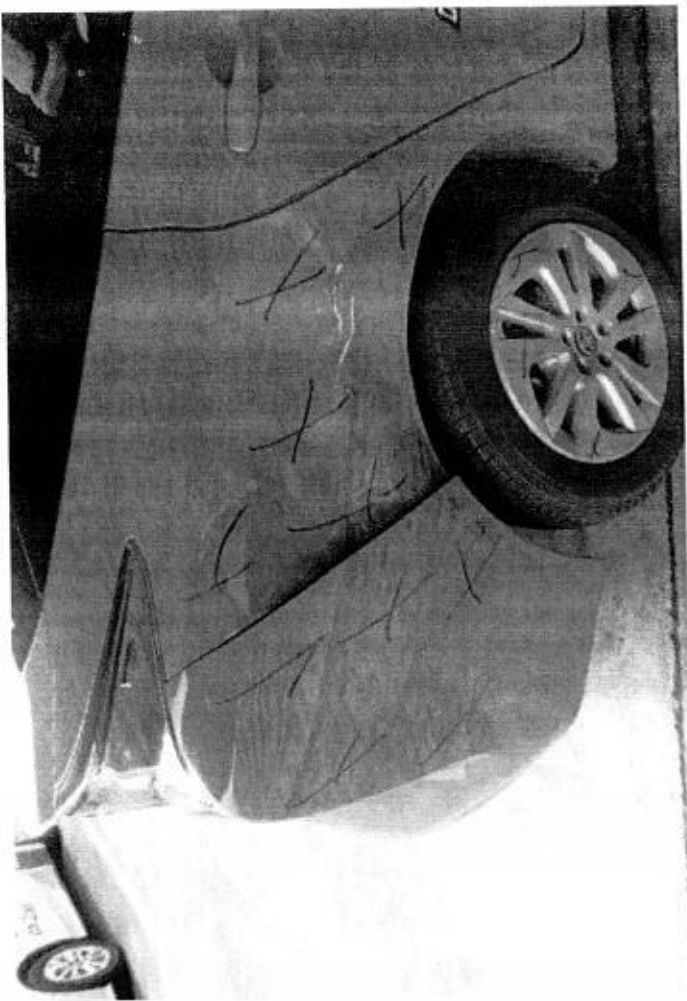
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

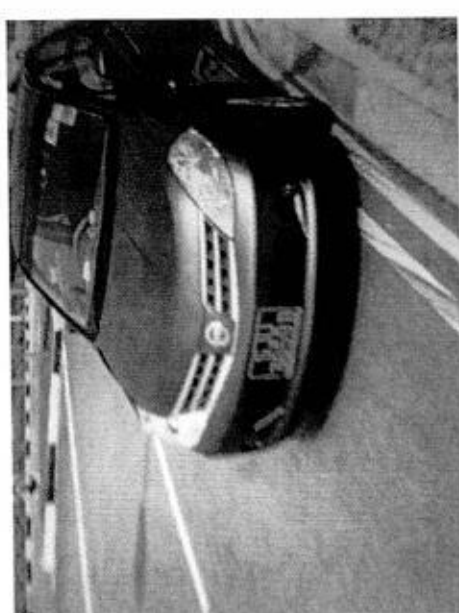
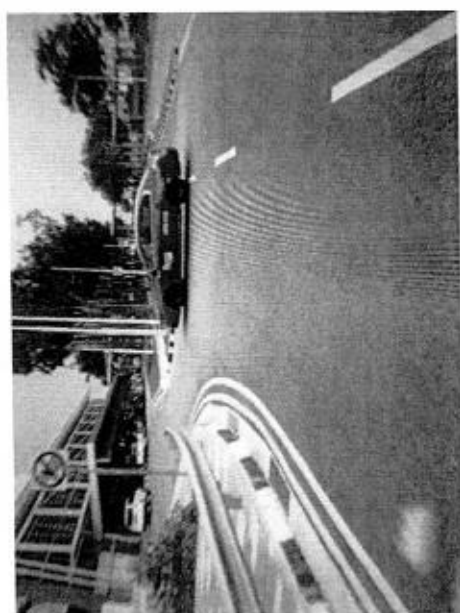
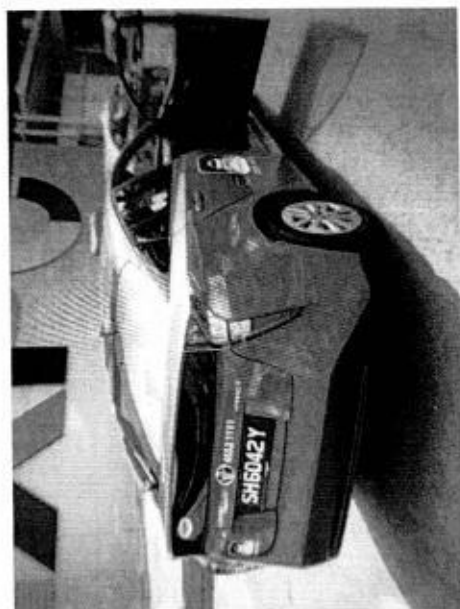
COMFORT TRANSPORTATION PT
CO REG. NO. 199303421R

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.:





am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305137512

OMER

REGN NO.:

SH 6042Y

MILEAGE

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

MAKE:

TOYOTA

FUEL

E.....1/2.....F

IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

MODEL

PRIUS HYBRID(G4)02.04.2018 10:40

DATE/TIME IN

(R) 65508755

(O)

YR OF MANU.

28.09.2017

TARGET DATE

(P)

CHASSIS CODE

JTDKB3FU103564320

COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.04.2018

NATURE: 3P 01.04.18

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/ledgement Slip

Exit Pass

No.: SH 6042Y

JU MSIG

Vehicle No.:

SH 6042Y

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

2/4/2018 16:49

VEHICLE NO : SH 6042Y

MAKE :

MODEL : TOYOTA PRIUS

PP

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
RETAINER, REAR BUMPER, SIDE, RH ✓			\$ 94.80
SEAL, REAR BUMPER SIDE, RH ✓			\$ 148.40
REAR FENDER, RH — Ant			\$ 817.50
REAR FENDER SHEILD (RH) x su			\$ 134.20
REAR WHEEL HUB CAP (RH) — haxel			\$ 175.80
Rear Bumper — Ant. \$458.60			
SUB TOTAL			\$ 1,370.70
LESS 25%			\$ 342.68
DISCOUNTED TOTAL			\$ 1,028.03
Labour Charge			\$ 800
Panel Beating			\$ 500.00
Spray Painting Charge			\$ 500.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 50.00
Remove/Refix Cushion & Upholstery Rear			\$ 150.00
Remove/Refix Rear Windscreen Glass			\$ 120.00
Remove/Refix Reverse Sensor			\$ 120.00
Rear Wheel Alignment			\$ 120.00
TOTAL LABOUR			\$ 1,610.00
ESTIMATE TOTAL			\$ 2,638.03
			2981.98

Ka hui 11/16
3/4/18 1416
3 By
PIP
Before Part pth

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 modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

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

VEHICLE NO. : SH 6042Y

TYPE OF CASE : MSIG

JOB CARD NO. 305137512

SURVEY BY : LKK-KALVIN

ACC.DATE 01/04/18

DATE : _____

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
REAR BUMPER ASSY	1	\$458.60	
LABOUR			
TOTAL:		\$458.60	JUMANI

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.04.2018

Time: 14:50:20

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 : 305137512
REGN NO : SH 6042Y
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 28.09.2017
DATE/TIME IN : 02.04.2018 10:40
ACCIDENT DATE : 01.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-3909-G	PRIG4 PANEL SUB-ASSY QUAR	1	817.50	25.00	613.12
0002 03-01-0302-2057-G	PRIG4 CAP WHEEL	1	175.80	25.00	131.85
0003 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0004 04-01-0302-3937-G	PRIG4 RETAINER RR BUMPER	1	94.80	25.00	71.10

SUB-TOTAL : 1,160.02

JOB NATURE

0000 L	PANEL BEATING- REAR	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	50.00
0004 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 890.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.04.2018

Time: 14:50:20

Page: 2

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

JOB NO : 305137512
REGN NO : SH 6042Y
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 28.09.2017
DATE/TIME IN : 02.04.2018 10:40
ACCIDENT DATE : 01.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,050.02

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE:

Our Job Ref No : 305137512
Date : 04/04/18

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 506969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

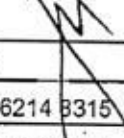
Vehicle Reg No. : SH 6042Y


Date of Accident : 01/04/18

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

1. The repair job shall bill to: MSIG --- SJU3659B
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,160.03
 - (b) Labour Charges ### \$890.00
 - Total for Part-By-Part Repair Cost \$2,050.03
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 3 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468456

Signature : 
Name : KALVIN
Date : 6/4/18

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:

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/MSG18006054/K1QBN2

Date: 09/04/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	P60267814DMA
Claimant Vehicle No :	SH6042Y	Insured Vehicle No :	SJU3659B
Date of Loss:	01/04/2018	Nature of Claim:	TP
		Claim No:	554227

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH6042Y	Engine No:	2ZRS064406
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FU103564320
Reg. Date:	28/09/2017 (Man. Year: 2017)	Odometer:	77519 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	1,371.97	1,160.02	211.95	15.45
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,610.00	890.00	720.00	44.72
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,981.97	2,050.02	931.95	31.25
+ GST 7.00/7.00% (S\$)	208.74	143.50	65.24	31.25
Nett Amount (S\$)	3,190.71	2,193.52	997.19	31.25

INSPECTION

Date of Assignment:	03/04/2018	
Date Inspected:	03/04/2018	Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days	

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

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: 09 Apr 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 SH6042Y)
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		*RETAINER,REAR BUMPER,SIDE RH	Cracked	94.80 FL	*94.80 FL
2	1		*SEAL,REAR BUMPER SIDE,RH	Serviceable	148.40 FL	*- FL
3	1		*REAR FENDER,RH	Dented	817.50 FL	*817.50 FL
4	1		*REAR FENDER SHIELD (RH)	Serviceable	134.20 FL	*- FL
5	1		*REAR WHEEL HUB CAP (RH)	Grazed	175.80 FL	*175.80 FL
6	1		*REAR BUMPER	Deformed	458.60 FL	*458.60 FL
				Sub Total (S\$)	1,829.30	1,546.70
				- List Item Discount on L Items 25.00/25.00% (S\$)	457.33	386.68
				Total Parts (S\$)	1,371.97	1,160.02

F=Franchise part. 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	500.00	400.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	50.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	-
7	REMOVE/REFIX REVERSE SENSOR	New	120.00	20.00
8	REAR WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (S\$)			1,610.00	890.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >