

108/1103

Q. Name: Kalvin

REF:

CS/QW1800938/K1052

## ASSIGNMENT

Fr ☐ M

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

Estimate Cost: \_\_\_\_\_

OD ☐ ITP ☐ RES / TP RES / OD RES / EVA / INV / MV

To Inspet Vehicle No: \_\_\_\_\_

at ☒ Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No \_\_\_\_\_

Claims No \_\_\_\_\_

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

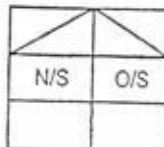
Excess: \_\_\_\_\_

(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 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

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

Vehicle: IN / OUT

Veh No: SH 9545 TYr Regn: 524, 212

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

Truck / Trailer or

Make: Toyota Priusc.c. 1700Colour: BlueA/C: Insured

Std / NI / NA

Sp. Reading: 132385T/Radio: Insured Std / NI / NA

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

C/No: JTDKBJF4403561038Gen. Cond: Good / Fair / Poor / BurntSteering: Inoper / Jammed / Leaked / Burnt orBrake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

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

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

TOYO / YOKO or D9 v4 ti

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 23/5/18D.O.I. 2/5/18Survey held at (DGE (Loyang))

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

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

Date / Time	Action / Instruction
6/6/18	SH 9545 T - CS / ALG 18009388 / K1052
07/06/18	Subm'd P/P \$1053.55 / 2 Pgs.
07/06/18	(\$ 2,091.78 - \$1053.55) - Reduction = 49%
07/06/18	Submit independent report

RECEIVED 07 JUN 2018

Date/Time, File Pass to?

07/06/18

1) Typist

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Prell. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / I.B.I.: (\$ P/P \$1053.55)

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305164005

STOMER  
/MS COMFORT TRANSPORTATION PTE LTD  
STOMER NO. 7010045  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)  
(P)

REGN NO: SH 9545T	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)23.	DATE/TIME IN 05.2018 12:00
YR OF MANU. 05.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU403561038	COMPLETION DATE/TIME:

ICOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.05.2018  
NATURE: TP/3P 23.05.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

No.:  
Vehicle No.: SH 9545T CHIANG

Vehicle No.: SH 9545T

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

## 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	24/05/2018 10:20
Date Of Accident	23/05/2018 12:00
Exact Location Of Accident	SINGAPORE ZOO TAXI STAND MANDAI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9545T
<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
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	CHENG KWEE MOW
NRIC No	S0603838G
Date Of Birth	11/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97964023
Fax Number	
Contact Number	
Email Address	CHENGKWEEMOW@GMAIL.COM

Address	BLK 409 BEDOK NORTH AVENUE 2 #07-16
Postcode	460409
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BEDOK NORTH N.P.C
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180523/2119

#### 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	SHB9689Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA2506U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHD4545C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHENG KWEE MOW
Approximate Age	64
Injuries Sustain	FELT DIZZINESS, SHORTNESS OF BREATH, HEART AND NECK DISCOMFORT. ON 7 DAYS MC.
Injured person in which vehicle?	SH9545T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**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:

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

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

SKETCH PLAN

A: SH95457	Singapore Zoo Taxi Stand
B: SHB9689Z	TO X [ ] > [ ] > [ ] > [ ]
C: SHAD506U	
D: SHD4345C	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report  
T/20180503/2119

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.:

Loke Wei Yieng



# Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180523/2119

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3  
Report No. T/20180523/2119

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2018 19:30		Vide Report No.:		Station Diary No.: 71	
<b>Informant's Particulars</b>					
Name of Informant: CHENG KWEE MOW			Address: APT BLK 409 BEDOK NORTH AVENUE 2 #07-16 SINGAPORE 460409		
ID Type / ID No.: NRIC NO / S0603838G			Contact No.: Home/Office: Mobile: 97964023		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 11/11/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2018 12:00	Type of Location: Taxi Stand
Location: Along Road 1 MANDAI ROAD				
Taxi Stand at Singapore Zoo				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Collision from the rear on a stationary vehicle				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SH9545T	Car	TOYOTA	Hybrid	Blue	Slightly Damaged	0
SHA2506U	Car	HYUNDAI	i40	Blue	Slightly Damaged	0
SHB9689Z	Car	RENAULT		Red	Slightly Damaged	0
SHD4545C	Car	HYUNDAI	Sonata	Blue	Slightly Damaged	0



## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20180523/2119

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20180523/2119

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHENG KWEE MOW	ID No.	S0603838G
Related Vehicle	SH9545T (Car)	Contact No.	97964023
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/05/2018	Date Discharge	23/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 23/5/2018 at around 1200am, I parked vehicle(no. 1) along taxi stand at Singapore Zoo. I was number one in queue. Suddenly the third vehicle on the queue (no.3) sped forward and collided onto the second vehicle on the queue(no.2). Due to the strong collision, the second vehicle also collided onto my vehicle. The vehicle's rear bumper sustained superficial damage and dent. Due to the collision, I was injured and felt dizziness, shortness of breath, heart and neck discomfort.

The third vehicle, after colliding onto the second vehicle, reverse and then collided onto the fourth vehicle. Traffic Police and Ambulance came down and I was conveyed to Khoo Teck Puat Hospital. I was given 7 days of Medical Leave.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20180523/2119

3 of 3

Report No. T/20180523/2119

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

\*IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /  
Sgt 1 TAN LI JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No.: 65476200

Authentication Stamp

NP188

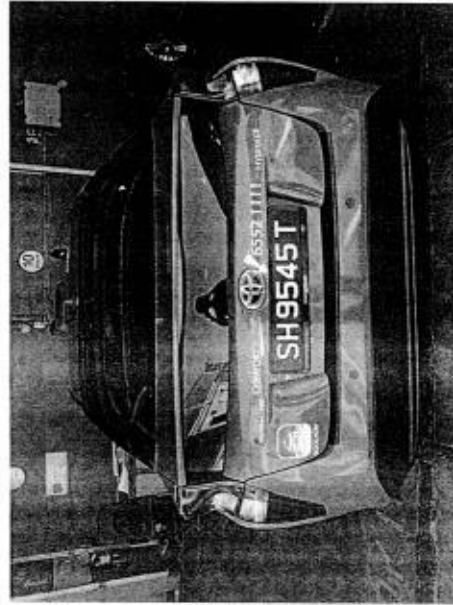
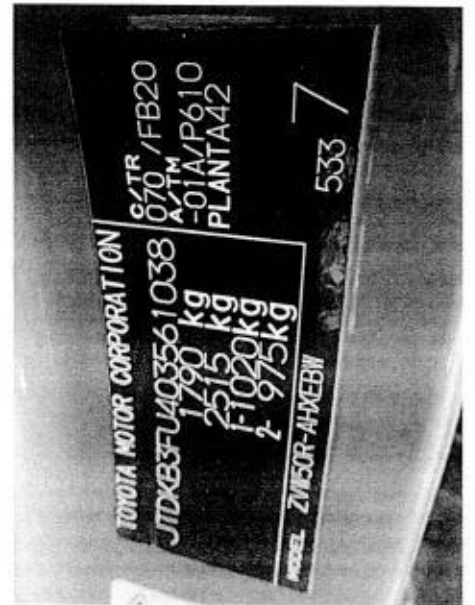
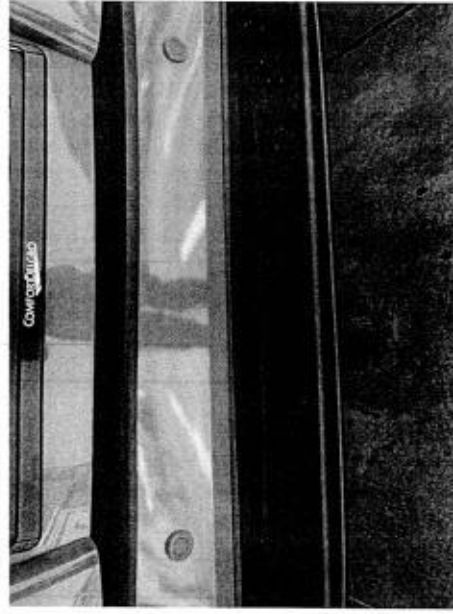
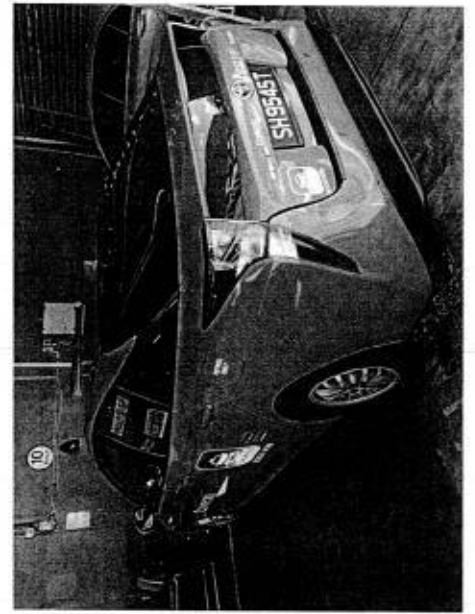
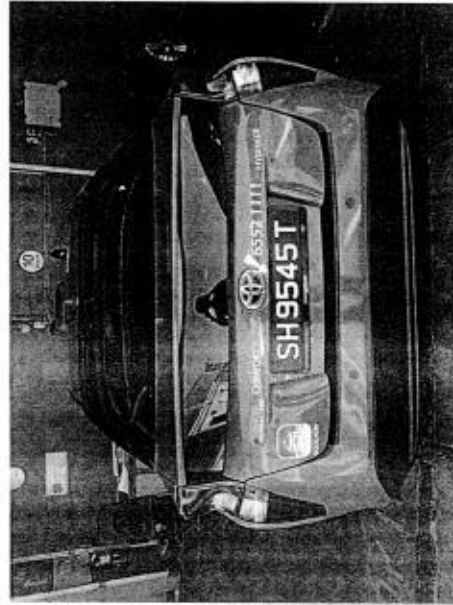
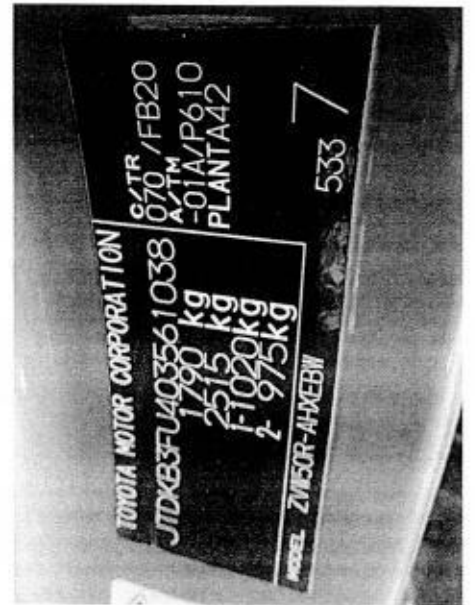
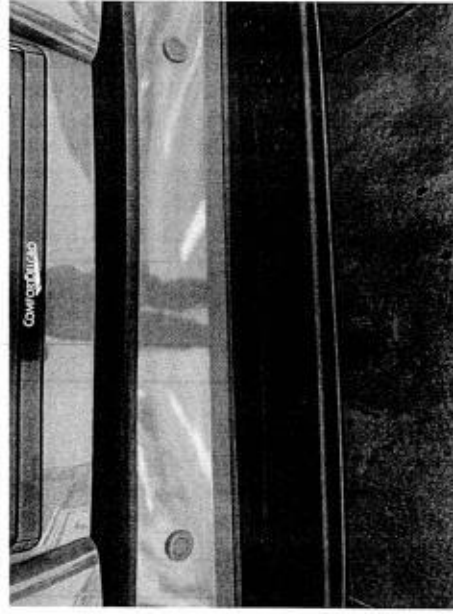
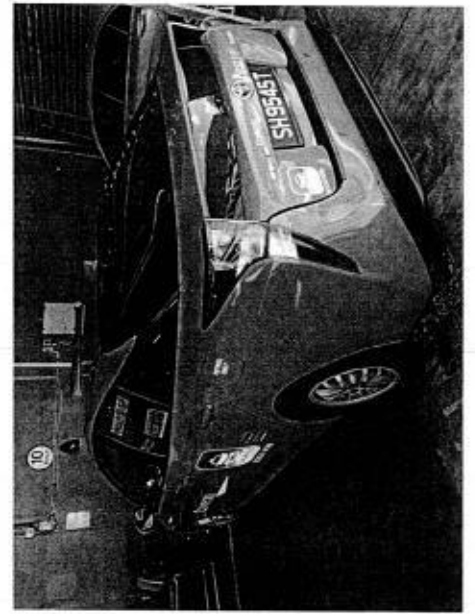
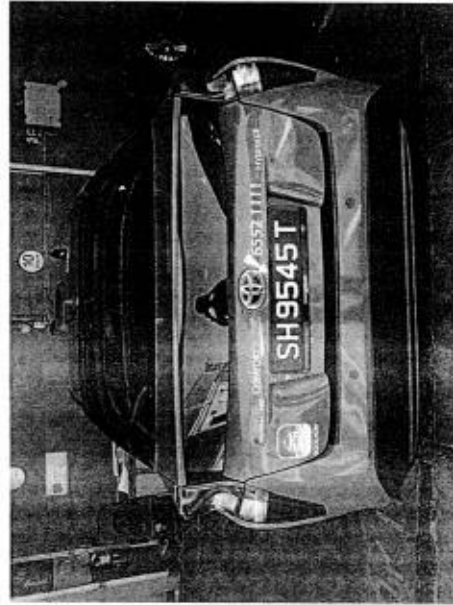
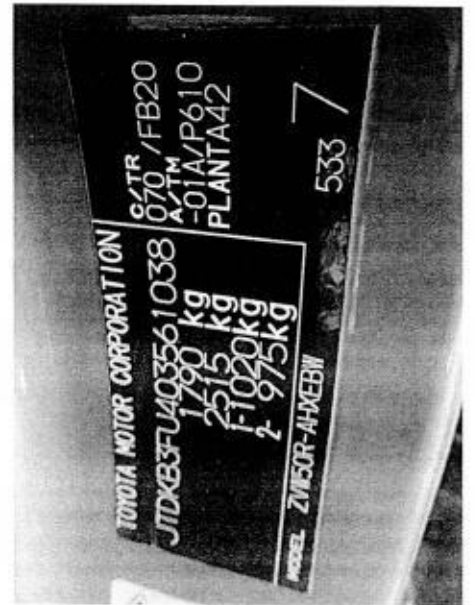
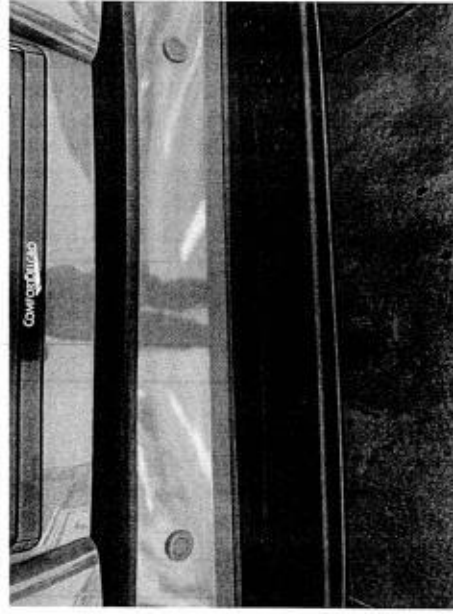
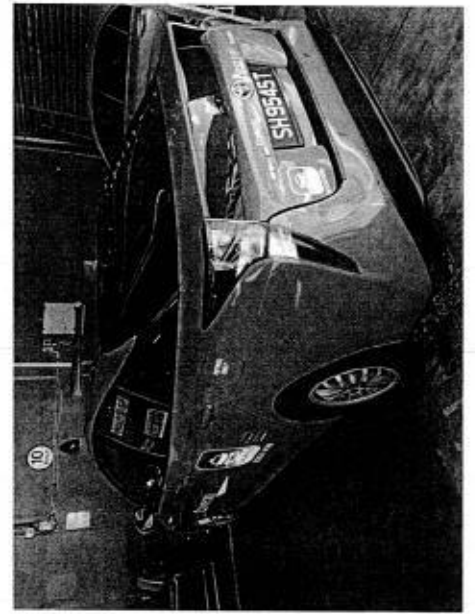
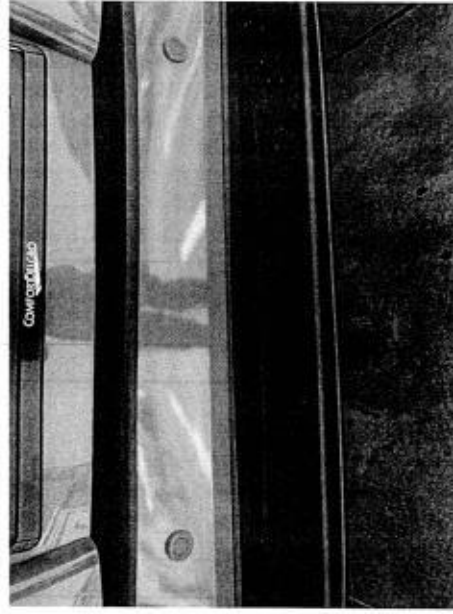
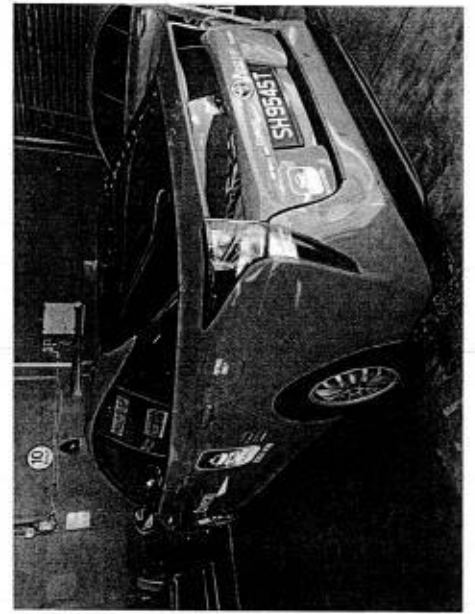
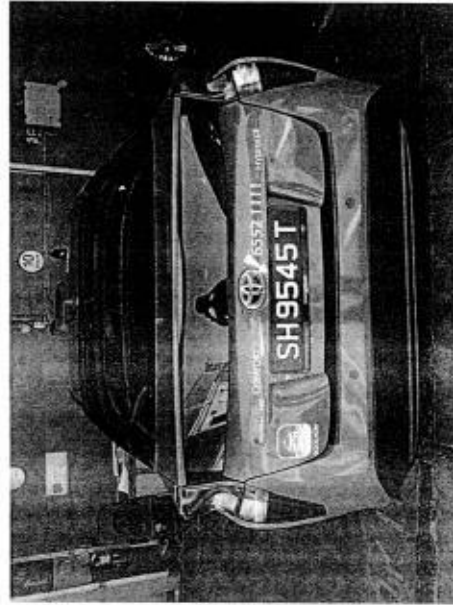
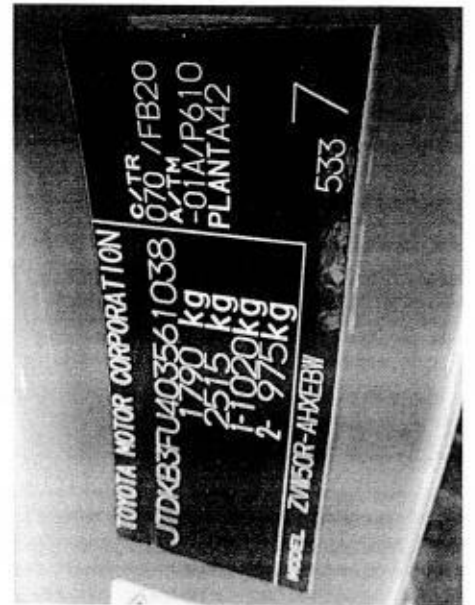
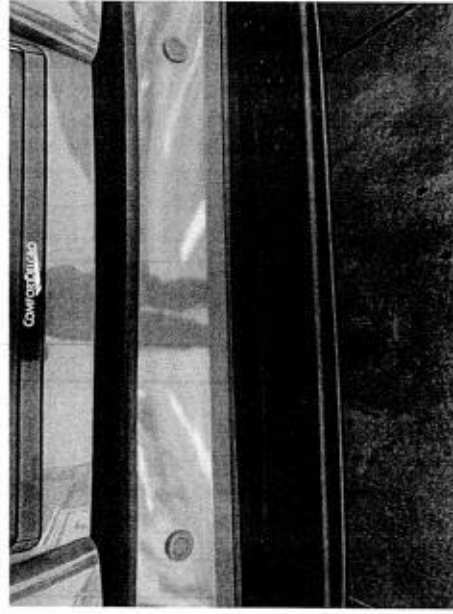
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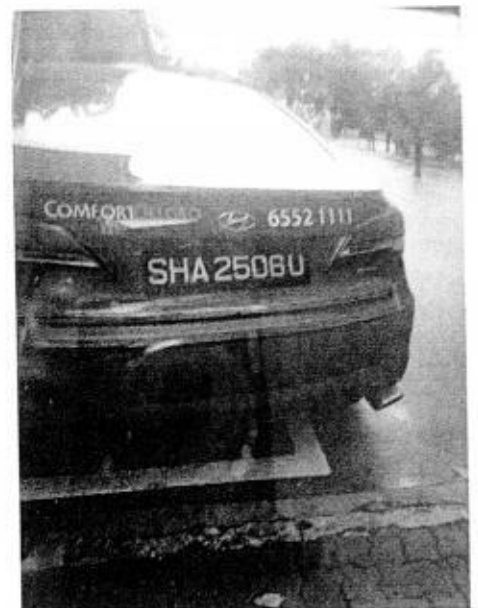
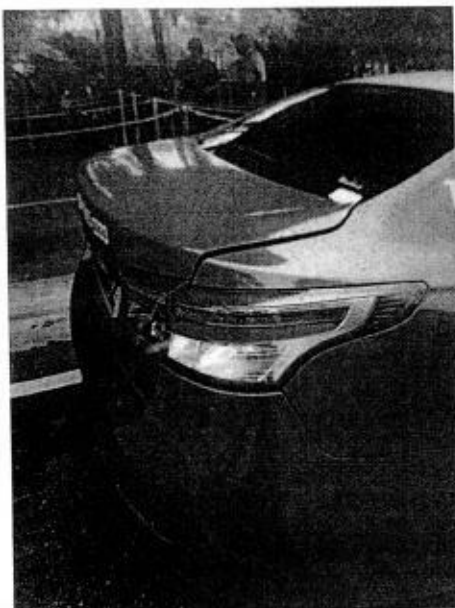
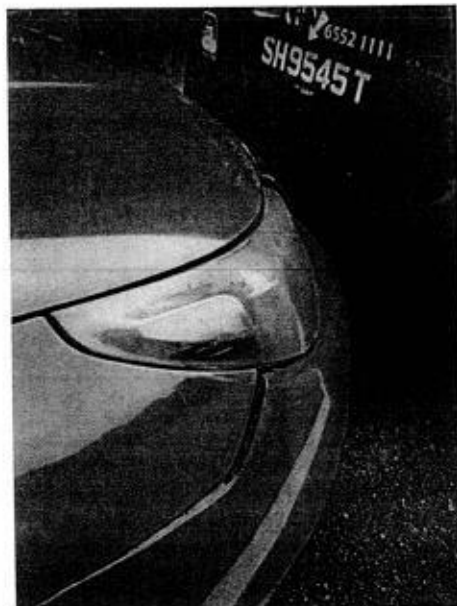
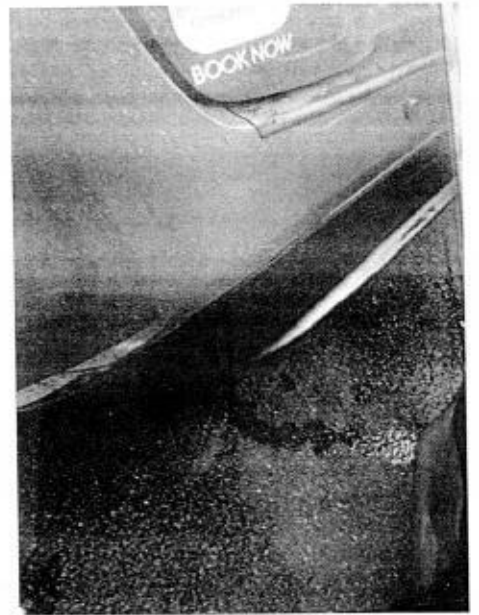
Signature Of Informant:

Date/Time:

23/05/2018 19:30

Classification Of Case:







**Fw: Accident involving SH 9545T & your insured SHB9689Z dated 23.05.18**

Lim Tien Siong to: motor.survey

30/05/2018 02:04 PM

Cc: Roger How Keen Meng, Chiang Liat Choon, kalvinang

From: Lim Tien Siong/cdge/delgronotes

To: motor.survey@axa.com.sg

Cc: Roger How Keen Meng/cdge/delgronotes@delgronotes, Chiang Liat Choon/cdge/delgronotes@delgronotes, kalvinang@lkkauto.com

Officer in charge,

**Without further delay,**

Base on sequence we shall engage **LKK** (Surveyor Panel) to survey our client vehicle **SH 9545T**

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

----- Forwarded by Lim Tien Siong/cdge/delgronotes on 30/05/2018 12:47 PM -----

From: Lim Tien Siong/cdge/delgronotes

To: motor.survey@axa.com.sg

Cc: Roger How Keen Meng/cdge/delgronotes@delgronotes, Chiang Liat Choon/cdge/delgronotes@delgronotes

Date: 30/05/2018 08:27 AM

Subject: Accident involving SH 9545T & your insured SHB9689Z dated 23.05.18

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Officer in charge,

A gentle reminder -

**48 hrs due later today at 13:30 hrs**



img-530081436-0001.pdf

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

Our Job Ref No : 305164005  
Date : 06/06/18

## COMFORTDELGRO ENGINEERING

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

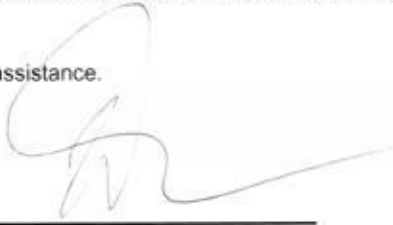
### FINALIZATION FORM


To : KK  
Attn : KALVIN  
Vehicle Reg No. : SH 9545T

Fax :

23.05.2018

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

1. The repair job shall bill to: AXA SHA2506U
  2. The finalized amount shall be:
    - (a) Spare Parts after List discount \$653.55
    - (b) Labour Charges \$400.00
    - Total for Part-By-Part Repair Cost** \$1,053.55
    - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \_\_\_\_\_
  3. Estimated normal period for repairs: 2 working days.
  4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
  5. Thank you for your assistance. We confirm the estimates and finalized amount
- Signature :   
Name : CHIANG  
Tel : 62148314  
Fax : 65468156

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

### 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:

\_\_\_\_\_



COMFORTDELGRO ENGINEERING PTE LTD

Date: 06.06.2018

REPAIR ESTIMATE

Time: 10:45:34

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 : 305164005  
REGN NO : SH 9545T  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 05.07.2017  
DATE/TIME IN : 23.05.2018 12:00  
ACCIDENT DATE : 23.05.2018

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
0002 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10

SUB-TOTAL : 653.55

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 400.00

TOTAL : 1,053.55

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :



## REPAIR ESTIMATE

VEHICLE NO : SH 9545T

25/5/2018 12:22

Ayer

MAKE :

MODEL : TOYOTA PRIUS

Chuang

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER <i>X repair</i>			\$ 458.60	
REAR BUMPER RE-INFORCEMENT <i>2 Bent</i>			\$ 318.80	
REAR BUMPER UNDER COVER <i>cat</i>			\$ 552.60	
REAR BUMPER SIDE RETAINER <i>X in</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 see</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>X "</i>			\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating			\$ <del>280.00</del> <i>200</i>	
Spray Painting Charge			\$ <del>250.00</del> <i>200</i>	
Wiring Charge			\$ <del>50.00</del> <i>X "</i>	
Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>X "</i>	
TOTAL LABOUR			\$ 700.00	
ESTIMATE TOTAL			\$ 2,091.78	

Kahin 10/11/14

30/5/18 1515 hrs.

2 Pys

PIP

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 legal mortification(s) is allowed
- Supplementary items 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.




## 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			
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CS/QW18009938/K1sbs2	
59 LOYANG DRIVESINGAPORE 508969		Date : 07-06-2018	
		Code : QW007	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	Veh. Inspected		SH 9545T
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		30/05/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU403561038	Colour	BLUE
Odometer	132385	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65R15	DAVANTI	7 mm
L/H Front Tyre	195/65R15	DAVANTI	7 mm
R/H Rear Tyre	195/65R15	DAVANTI	7 mm
L/H Rear Tyre	195/65R15	DAVANTI	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	23/05/2018	Inspection Date	30/05/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



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

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9545T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 25% DISCOUNT		-402.02	-217.85
			1,206.08	653.55
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		280.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			700.00	400.00
	<b>GRAND TOTAL</b>		<b>2,091.78</b>	<b>1,053.55</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>1,053.55</b>

Report Ref No. CS/QW18009938/K1sbs2

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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