

22/03/2002

ASS. REC. BY:

REF:

CS/TMI18014517/K1td3ek

Special Instruction:

Surveyor:
Mehmet

Kelvin

ASSIGNMENT (Office)

From (Person):

telma Gumez

of

TMI

Date/Time:

10/8/18 @ 11:30am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 4770D

Insured:

SCQ 9681A

at Workshop m/s

Comfort Delgro

Tel:

62148300

of

59 Loyens Drive

Policy No:

MU006345

Claim No:

M1803943

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

8/8/2018

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time:

11:40am @ 10/8/18

Person Contacted:

Vehicle IN / OUT

Date/Time	Action/Instruction
	() Estimate check consistency of damages
	SHB 4770D - CS3 / FCI / #010004 / Ygbdl DOA: 25/5/14
	SCQ 9681A - CS / HS B08015402 / Ucgj DOA: 17/5/2008

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 4770 D Yr Regn: 22 Jun 2014

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

Make: Toyota Prius c.c. 1798

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 187720 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70K83F4103559361

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STC / Rim or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. 7 mm

Rear R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 8/2/8 D.O.I. 10/2/8

Survey held at: CDHE (Loyang)

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

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

Date / Time	Action / Instruction
13/8/18	Contract P/P \$1600.73 / 2 hrs Cred: 1305.80 : 440/6 Fokro PIR
RECEIVED 14 AUG 2018	

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

1) 14/8/18 : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Report Format: TP

Lump Sum / (B): (\$ 1600.73)

- Add Fee:
- : Site Insp (\$ _____)
 - : Interview (\$ _____)
 - : Tech. Invs (\$ _____)
 - : Weekend (\$ _____)

Survey Fee:	<u>250</u>
Transportation:	_____
\$ + RS. SI	_____
Photos	<u>10</u>
Others	_____
TOTAL	<u>260</u>

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	08 Aug 2018 16:54 Sendback Est	08 Aug 2018 16:59 S\$2,906.53	10 Aug 2018 11:30 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	CCPL, Co. Reg. No.: 199502839G		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHB4770D	Date of Loss:	08/08/2018 13:00 - :59 [13 Months and 17 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1803943	Policy/Cover Note No.:	MU006395 (TP, Fire & Theft) Coverage: 12/06/2018 - 11/06/2019
Vehicle Reg. No. (Insured):	SCQ9681A	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 21/08/2018]		
Adj Asg. Remarks:	PLS. CHECK CONSISTENCY OF THE DAMAGE.THKS		

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

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CS/TMI18014517/K1td3

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 10-08-2018



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SCQ 9681A	Veh. Inspected	SHB 4770D
Policy No.	MU006395	Coverage (\$)	0.00
Claim No.	M1803943	Excess (\$)	0.00
Assign From	MERIMEN (TELMA GOMEZ)	Assign Date	10/08/2018

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	08/08/2018	Inspection Date	10/08/2018
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.

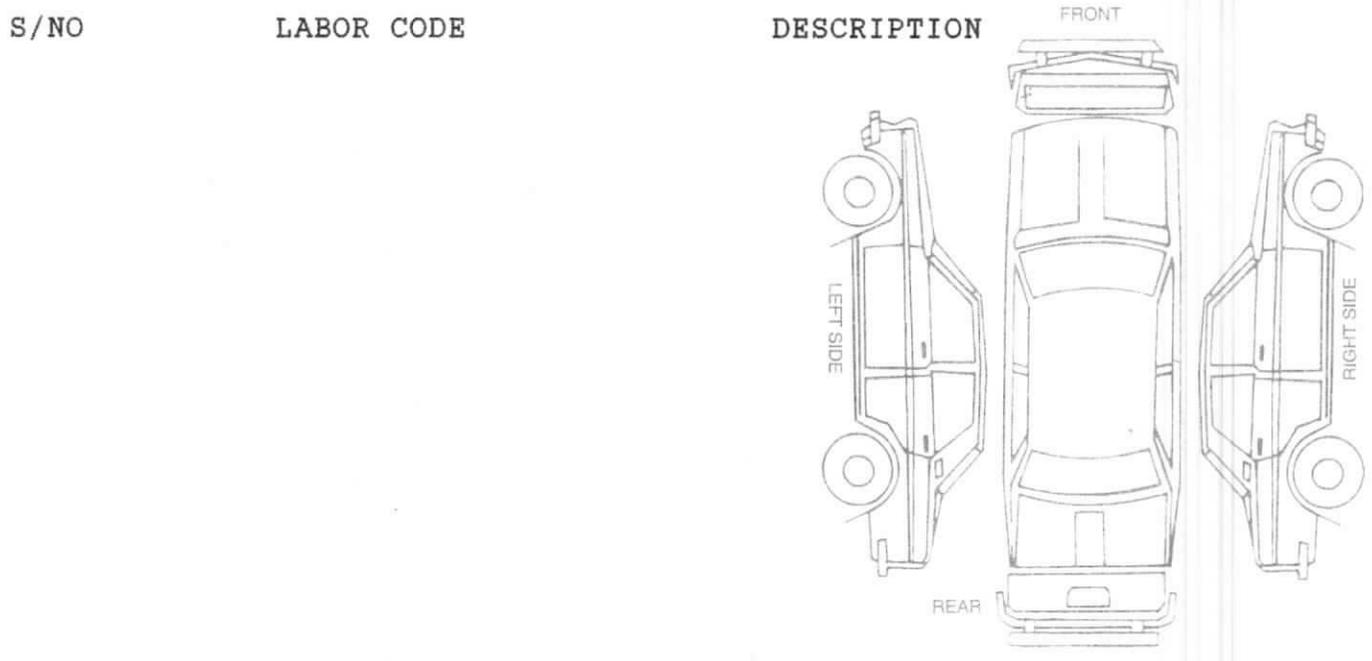
A member of COMFORTDELGRO

Date/Time: 08.08.2018 16:42 Page : 1

Team: ARC Repair TP(CFSO)1 STOMER CITYCAB PTE LTD 7010070 STOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	JOB CARD	Sales Order:	JC NO.: 305197718																			
COUNT CARD NO.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">REGN NO.:</td> <td style="width:50%;">SHB4770D</td> <td style="width:50%;">MILEAGE</td> </tr> <tr> <td>MAKE :</td> <td>TOYOTA</td> <td>FUEL</td> </tr> <tr> <td>MODEL</td> <td>PRIUS HYBRID(G4)</td> <td>E.....1/2.....F</td> </tr> <tr> <td>YR OF MANU</td> <td>22.06.2017</td> <td>DATE/TIME IN</td> </tr> <tr> <td>CHASSIS CODE</td> <td>JTDKB3FU103559361</td> <td>08.08.2018 14:10</td> </tr> <tr> <td></td> <td></td> <td>TARGET DATE</td> </tr> <tr> <td></td> <td></td> <td>COMPLETION DATE/TIME:</td> </tr> </table>	REGN NO.:	SHB4770D	MILEAGE	MAKE :	TOYOTA	FUEL	MODEL	PRIUS HYBRID(G4)	E.....1/2.....F	YR OF MANU	22.06.2017	DATE/TIME IN	CHASSIS CODE	JTDKB3FU103559361	08.08.2018 14:10			TARGET DATE			COMPLETION DATE/TIME:
REGN NO.:	SHB4770D	MILEAGE																				
MAKE :	TOYOTA	FUEL																				
MODEL	PRIUS HYBRID(G4)	E.....1/2.....F																				
YR OF MANU	22.06.2017	DATE/TIME IN																				
CHASSIS CODE	JTDKB3FU103559361	08.08.2018 14:10																				
		TARGET DATE																				
		COMPLETION DATE/TIME:																				

JOB DESCRIPTION

Accident Date: 08.08.2018
NATURE: 3P 08.08.18



CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip
 :
 :
 e No.: **SHB4770D** **LIMITS**

 of Service Advisor Signature/Date
 returned to Service Reception upon collection

Exit Pass
 Vehicle No.: **SHB4770D**

 Name of Service Advisor Date
 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	08/08/2018 15:54
Date Of Accident	08/08/2018 13:20
Exact Location Of Accident	SLIP ROAD FM LOR 2 TOA PAYOH TO PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4770D
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	SEAH MENG HOCK
NRIC No	S1245786C
Date Of Birth	11/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97725906
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	120 03-97 MCNAIR ROAD
Postcode	320120
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	
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: : MALE

Details of Police Action

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

Circumstances of Accident

SEE ATTACH.

Attachment(s)

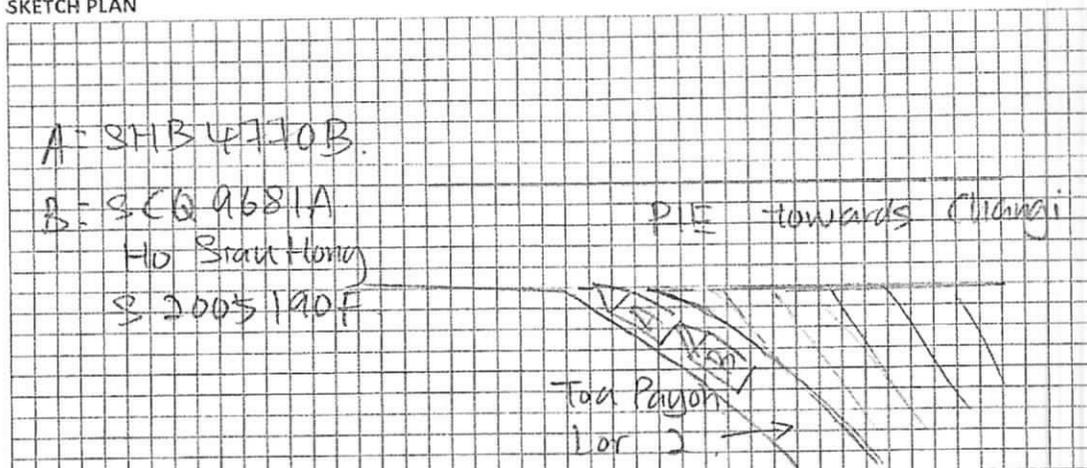
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCQ9681A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO SIAU HONG
NRIC/Passport Number	S2005190F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/8/18 at about 13:30 hrs, I was driving on the slip road from Lor 2 Toa Payoh to PIE towards Changi

I stopped my taxi at give way line to check the traffic from major road. A few second later, I felt an impact from my taxi behind followed a jerk. Veh B it front portion collided onto the rear right portion of my stationary taxi.

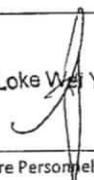
01 male passenger on board my taxi. No injury reported in this accident.

DECLARATION

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

CITYCAB PTE LTD
REG. NO. 199502839C
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)


Loke Wei Yieng
Reporting Centre Personnel's Signature
Name:

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.

UHYCAB PTE LTD
U. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


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


Loke Wei Yieng

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

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)

CCPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	08/08/2018
Vehicle Reg. No.:	SHB4770D	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Vehicle Reg. Date:	22/06/2017
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZRS050168	Chassis No:	JTDKB3FU103559361
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	2,186.53
Miscellaneous Items	10.00
Labour	710.00
Paintwork Labour	0.00
Towing	0.00
	Gross Total (S\$) 2,906.53
	+ GST 7.00% (S\$) 203.46
	Nett Amount (S\$) 3,109.99

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

TS

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Aug 2018)
 Parts: 144 TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHB4770D/08/08/2018 16:59
 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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>Detail</i>	25.00	0.00	*458.60 FL
2	1		*REAR BUMPER UNDER COVER <i>cut</i>	25.00	0.00	*552.60 FL
3	1		*REAR BUMPER REINFORCEMENT <i>2 Band</i>	25.00	0.00	*318.80 FL
4	1		*REAR BUMPER SIDE EXTENSION RH <i>X 200</i>	25.00	0.00	*148.40 FL
5	1		*REAR BUMPER RETAINER RH <i>X 200</i>	25.00	0.00	*112.70 FL
6	10		*REAR BUMPER CLIPS <i>100</i>	25.00	0.00	*22.00 FL
7	1		*TAILLAMP UPR RH <i>X 200</i>	25.00	0.00	*557.90 FL
8	1		*TAILLAMP LWR RH <i>X 200</i>	25.00	0.00	*548.74 FL
9	1		*REVERSE SENSOR <i>100</i>	0.00	0.00	*135.70 F
10	1		*REAR BUMPER TOW COVER <i>cut</i>	25.00	0.00	*14.70 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,870.14
- List Item Discount on L Items (S\$)	683.61
Total Parts (S\$)	2,186.53

ComfortDelGro Engineering Pte Ltd/SHB4770D/08/08/2018 16:59. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

TS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	300.00 ²⁰⁰
2	SPRAY PAINTING	New	250.00 ²⁰⁰
3	CHECK ALL LIGHTINGS	New	40.00 ^{x 4}
4	R/I REVERSE SENSOR	New	120.00 ³⁰
Gross Labour Cost (S\$)			710.00

ComfortDelGro Engineering Pte Ltd/SHB4770D/08/08/2018 16:59. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin LKK
10/8/18 1005 hrs
2 Pgs
P/P
Before Paint photo

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer
 Signature:
 Date:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305197718
Date : 13/08/18

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG

Fax :

Vehicle Reg No. : SHB4770D Date of Accident : 08-Aug-18

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

1. The repair job shall bill to: TOKIO MARINE --- SCQ9681A
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,160.73
(b) Labour Charges	\$440.00
Total for Part-By-Part Repair Cost	\$1,600.73
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
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 : 13/8/18

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305197718
 REGN NO : SHB4770D
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 22.06.2017
 DATE/TIME IN : 08.08.2018 14:10
 ACCIDENT DATE : 08.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95
0002	04-01-0302-2287-G	REAR BUMPER UNDER COVER	1	552.60	25.00	414.45
0003	04-01-0302-2286-G	REAR BUMPER TOW COVER	1	14.70	25.00	11.02
0004	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50
0005	09-01-0302-2005-A	REVERSE SENSOR	1	135.70	250	135.70
0006	04-01-0302-2288-G	REAR BUMPER REINFORCEMENT	1	318.80	25.00	239.10
						SUB-TOTAL : 1,160.72

JOB NATURE

0000	20-05	TP MERIMEN				10.00
0001	L	PANEL BEATING				200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA				200.00
0003	L	R/I REVERSE SENSOR				30.00
						SUB-TOTAL : 440.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.08.2018

REPAIR ESTIMATE

Time: 17:40:17

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305197718
REGN NO : SHB4770D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 22.06.2017
DATE/TIME IN : 08.08.2018 14:10
ACCIDENT DATE : 08.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,600.72

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	08 Aug 2018 16:54 Sendback Est	08 Aug 2018 16:59 S\$2,906.53	10 Aug 2018 11:30 Edit Adj Rpt	S\$1,600.72 Edit Estimates	S\$1,600.72 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS									
Insured:	CCPL, Co. Reg. No.: 199502839G								
Main Claimant:	CCPL								
Vehicle Reg. No.:	SHB4770D	Date of Loss:	08/08/2018 13:00 - :59 [13 Months and 17 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1803943	Policy/Cover Note No.:	MU006395 (TP, Fire & Theft) Coverage: 12/06/2018 - 11/06/2019						
Vehicle Reg. No. (Insured):	SCQ9681A	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 21/08/2018]								
Adj Asg. Remarks:	PLS. CHECK CONSISTENCY OF THE DAMAGE.THKS								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS <input type="checkbox"/> 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.									

Claim Documents

SHB4770D (M1803943)
[SCQ9681A]
TP
CCPL
Aug 8 2018 1:00PM
[CCPL]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser <input type="button" value="v"/>
Assessment Reports			1 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail Print
1	08/08/18 16:59	Repairer Estimates	 Load HTM
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail Print
1	10/08/18 11:30	Accident Statement From: SC - Reg. No: SCQ9681A, Claimant: HO SIAW HONG	 Load HTM
Photos/Images			3 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail Print
1	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
2	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
3	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
4	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
5	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
6	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
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11	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
12	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
13	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
14	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
15	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
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22	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
23	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
24	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
25	13/08/18 09:06	General View	 Load JPG <input checked="" type="checkbox"/>
26	13/08/18 17:29	Reinspection Photo	 Load JPG <input checked="" type="checkbox"/>
27	13/08/18 17:29	Reinspection Photo	 Load JPG <input checked="" type="checkbox"/>
28	13/08/18 17:29	Reinspection Photo	 Load JPG <input checked="" type="checkbox"/>
29	13/08/18 17:29	Reinspection Photo	 Load JPG <input checked="" type="checkbox"/>
30	13/08/18 17:29	Reinspection Photo	 Load JPG <input checked="" type="checkbox"/>
31	13/08/18 17:29	Reinspection Photo	 Load JPG <input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	08/08/18 17:00	E-filed GIA report	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: Repairer Handling Insurer
Note: Remarks are private unless you show it to other parties.

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/TMI18014517/K1TD3E2

Date: 16/08/2018

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd	Policy No:	MU006395
Claimant Vehicle No : SHB4770D	Insured Vehicle No :	SCQ9681A
Date of Loss: 08/08/2018	Nature of Claim:	TP
		Claim No: M1803943

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB4770D	Engine No:	2ZRS050168
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FU103559361
Reg. Date:	22/06/2017 (Man. Year: 2017)	Odometer:	187720 km
Colour:	Yellow		
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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Bridgestone 7 mm	Rear Left Side:	Bridgestone 7 mm
Front Right Side:	Bridgestone 7 mm	Rear Right Side:	Bridgestone 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,186.53	1,160.72	1,025.81	46.91
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	710.00	430.00	280.00	39.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,906.53	1,600.72	1,305.81	44.93
+ GST 7.00/7.00% (S\$)	203.46	112.05	91.41	44.93
Nett Amount (S\$)	3,109.99	1,712.77	1,397.22	44.93

INSPECTION

Date of Assignment:	10/08/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	10/08/2018	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: DENISE TAY KWEE CHENG

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.

Different 1 cents -finalise confirm amount :(\$1600.73)

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 16 Aug 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 SHB4770D)	
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	Deformed	458.60 FL	*458.60 FL
2	1		*REAR BUMPER UNDER COVER	Cut	552.60 FL	*552.60 FL
3	1		*REAR BUMPER REINFORCEMENT	Bent	318.80 FL	*318.80 FL
4	1		*REAR BUMPER SIDE EXTENSION RH	Serviceable	148.40 FL	*- FL
5	1		*REAR BUMPER RETAINER RH	Serviceable	112.70 FL	*- FL
6	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
7	1		*TAILLAMP UPR RH	Serviceable	557.90 FL	*- FL
8	1		*TAILLAMP LWR RH	Serviceable	548.74 FL	*- FL
9	1		*REVERSE SENSOR	Shorted	135.70 F	*135.70 F
10	1		*REAR BUMPER TOW COVER	Cut	14.70 FL	*14.70 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,870.14	1,502.40
- List Item Discount on L Items 25.00/25.00% (S\$)	683.61	341.68
Total Parts (S\$)	2,186.53	1,160.72

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	300.00	200.00
2	SPRAY PAINTING	New	250.00	200.00
3	CHECK ALL LIGHTINGS	New	40.00	-
4	R/I REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (S\$)			710.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >