

REF: CS1/SPF18015602/Klqbsr

Special Instruction:

P/P: \$ 3005.59

From (Person): Abdul Rahmann of SPF Date/Time: 11-09-2017

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

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SHD 36610

Insured: Qx 4903 R

at Workshop m/s \_\_\_\_\_ Comfort Delgro  
of \_\_\_\_\_ 57 Loyang Drive  
Policy No: \_\_\_\_\_

Tel-

Policy No:

Claim No: AEMD/105/009/2017/125

Sum Insured:

Excess:

Make of Veh:

D.O.A. 14.08.2017

(Client's Record)

H.O.D. Enforce/ment/Date:

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

Date/Time: 24/5/18 Confirmed with                      Final Fig                     ,                      days (Red \$                      /                      %; Original 4 days)

Date/Time: 30/8/18 Submit Final Fig 2265.60, 3 days (Red \$ 239.99, 8 %; Original 4 days)

Date/Time	Action/Instruction
	SHD 3662D - (C3 / M113013853 / M113013853) Gx 1903R - x
	Doc: 280713
	30/5/2
	RECEIVED 30 AUG 2018

Para(1) : Parts found not replaced	(To highlight $R$ or $UB$ , $LR$ , Etc)
------------------------------------	---

<b>Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)</b>	
---	--

**Para(3) : Nett Value**

Market Value :

Salvage Value :

Nett Value

Inspected/  
Evaluated by:

*Fee Charged:*

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

Basic & Add	
Transport	
Photos	
Others	
Total	

1) Date/Time 20/8/18 File Pass to Trish

2) Date/Time

File Return to

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

#### 4) Date/Time

File Return to

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time

File Return to



# SINGAPORE POLICE FORCE

SPF Accidents Claims Section  
Automotive Engg & Mgmt Div  
Police Logistics Department  
No. 1 Mount Pleasant Road  
Block 8 Old Police Academy  
#02-12 Singapore 298333

Your Ref: SHD3662D

Our Ref: AEMD/105/009/2017/125

Date: 11 Sep 2017

Tel: 64784840

Fax: 64784848

LKK Auto Consultants Pte Ltd  
Paya Ubi Industrial Park  
51 Ubi Avenue 1 #01/02-25  
Singapore 408933

**Via Fax only: 62564315**

Dear Sir,

**ACCIDENT INVOLVING GOVT VEHICLE QX4903R AND OTHER VEHICLE SHD3662D ON  
14 AUGUST 2017**

We refer to the above matter.

2 Kindly arrange for a Post Inspection of vehicle no. **SHD3662D** at **M/s Comfort Delgro Engrg  
Pte Ltd of 205 Braddell Road, Singapore 579701.**

3 For appointment kindly contact Tel: **63836280/62148374.**

4 Estimates were provided by the workshop.

5 Thank you.

Yours faithfully,

Abdul Rahman  
Accident Claims Officer  
for ASST DIRECTOR

A FORCE FOR THE NATION

Our Ref : T0817 / SHD 3662D / JW (J)

Date : 06-Sep-17

SPF Accident Claims Section  
Automotive Engineering & Management Division  
Police Logistics Department, No 1 Mount Pleasant Rd  
Blk 8 Old Police Academy, Singapore 298333

CDGE Taxi Claims Dept

59 Loyang Drive 4th Flr  
Singapore 508966

COMFORTDELGRO  
ENGINEERING

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

RECEIVED  
07 SEP 2017  
Tel: +65 6383 6280  
Facsimile: +65 6280 9755  
www.cdge.com.sg

Company Registration No: 199500048W

AEMD Workshops

Braddell  
205 Braddell Road  
Singapore 579701

Loyang  
59 Loyang Drive  
Singapore 508969

Sin Ming  
383 Sin Ming Drive  
Singapore 575717

Pandan  
45 Pandan Road  
Singapore 609286

Ubi  
320 Ubi Road 3  
Singapore 408649

Senoko  
24 Senoko Loop  
Singapore 758156

Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791

Defu  
6 Defu Avenue 1  
Singapore 539537

Yishun  
501 Yishun Industrial Park A  
Singapore 768732

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI

QX 4903R

OTHERS

SHD 3662D

YOUR INSURED

ON 14.08.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No: SHD 3662D which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving : QX 4903R we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	S\$	3215.98
2	<u>4</u> days Loss of Rental @\$ <u>125.40</u> per day	S\$	501.60
3	Survey Report Fees (Surveyed by VAC)	S\$	263.22
4	LTA Search Fees	S\$	-
5	GIA / Police Report Fees	S\$	-
6	Towing Fees	S\$	-
Sub Total :		S\$	3,980.80

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @\$ <u>80.00</u> per day	S\$	320.00
---	---	-----	--------

Total Claims S\$ 4,300.80

We enclose the following documents to support the claims: -

- a) Original repair bill, survey bill/report & original/ scan photographs : 21 pcs.
- b) LTA search slip/s of : -
- c) GIA / Police report/s of : SHD 3662D
- d) Letter of authority from owner / hirer / operator
  - ( x ) Photocopy/s of Accident Scene Photo/s
  - ( ) Tow Chit
  - ( ) Hirer Income Tax
  - ( x ) Rental Rate letter
  - ( x ) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

Jim Wong

Deputy Manager

CDGE Claims Department

Tel : 6214 8374 Fax : 6214 1843 Email : jimwong@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO



## 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 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	14/08/2017 16:29
Date Of Accident	14/08/2017 11:50
Exact Location Of Accident	IRRAWADDY RD X SINARAN DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3662D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID
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	COMMERCIAL VEHICLE

### 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	MCOM0016
Cover Note Number	

### Driver

Name of Driver	ANG CHUN YEN
NRIC No	S0180105H
Date Of Birth	24/03/1952
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1973
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 258 SERANGOON CENTRAL DRIVE #15-06
Postcode	550258
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
Was any body injured in the Accident?	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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20170814/2083

#### 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	QX4903R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### Details of Witness

**SKETCH PLAN**

**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 willful 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 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.
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.

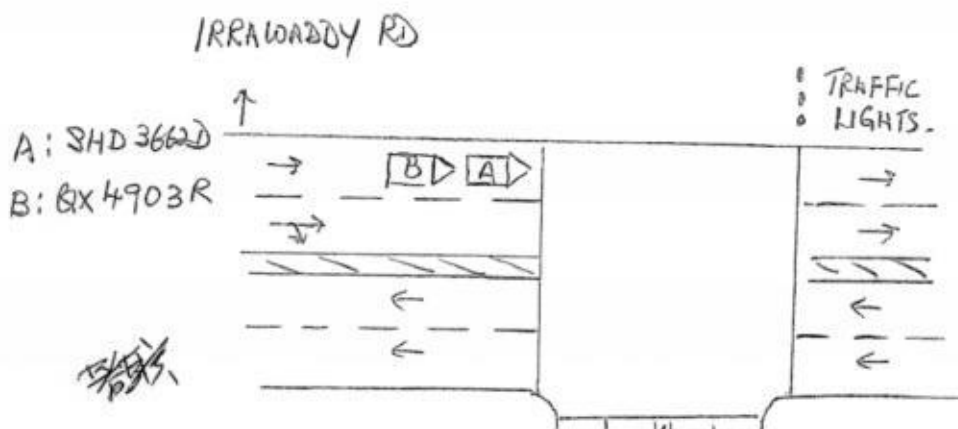
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





Sketch Plan Pg. 2

Describe Circumstances of the Accident

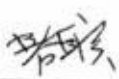
Refer to PI Report T/20170814/2083


Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 189303821R

Policyholder's Signature / Date &  
Time

  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

14/08/17   
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20170814/2083

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20170814/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/08/2017 14:38	Vide Report No.:	Station Diary No.: 63
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: ANG CHUN YEN			Address: APT BLK 258 SERANGOON CENTRAL DRIVE #15-06 SINGAPORE 550258		
ID Type / ID No.: NRIC NO / S0180105H			Contact No.: Home/Office: Mobile: 91466866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 24/03/1952	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 14/08/2017 11:50	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 SINARAN DRIVE				
Wiwani road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX4903R	Lorry				Slightly Damaged	0
SHD3662D	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20170814/2083

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20170814/2083

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Adrian Tan		ID No. NIL
Related Vehicle	QX4903R (Lorry)		Contact No. 90211776
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ANG CHUN YEN		ID No. S0180105H
Related Vehicle	SHD3662D (Car)		Contact No. 91466866
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location, I was driving my vehicle, SHD3662D along the said location on the left of two lanes. I came to a stop as the traffic light was showing red in color. However, shortly after, I felt a bang on the rear side of my vehicle. I came out to make a check and realized that a police car, QX4903R had knocked into me. I came out from my vehicle and exchanged particulars. After he ensured that on one was injured, he asked me to go to any police post to make a report. After which, both of us drove off. There is in car-CCTV in my vehicle. There is a dent on the rear bumper of my car.



**SINGAPORE  
POLICE FORCE**



T/20170814/2083

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20170814/2083

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 /

ISAAC LIM JUN CHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/08/2017 14:38

Officer In Charge Of Case:

TP / DDGVT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476209



Classification Of Case:

SN 163

Authentication Stamp

Signature:

COMFORTDELGRO ENGINEERING PTE LTD  
#205 Braddell Road  
Blk C Ext 1 3rd Level  
Singapore 579701



VICOM LTD  
385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555  
Facsimile (65) 6458 1040

www.vicom.com.sg  
Company Registration No. 108100220K

## SURVEY REPORT

GENERAL INFORMATION			
VAC Ref. No.	: 513470	Claim No.	: 305063919
Accident Date	: 14/08/2017	Claim Type	: THIRD PARTY
Assignment Date	: 15/08/2017	Policy No.	:
Survey Date	: 15/08/2017	Finalised Dt.:	
Survey Report Date	: 28/08/2017		
VEHICLE PARTICULARS			
Vehicle No.	: SHD3662D	Chassis No.	: JTDKB3FU303531531
Registration Date	: 17/10/2016	Engine No.	: 2ZRR929746
Make	: TOYOTA	Engine Cap.	: 1798 CC
Model	: PRIUS	Transmission	: AUTOMATIC
		Colour	: BLUE
CONDITION OF VEHICLE DURING SURVEY (VISUAL and STATIC TEST ONLY)			
Foot Brake	: SERVICEABLE	Steering	: SERVICEABLE
Hand Brake	: SERVICEABLE	Modification	: NONE
Mileage	: 140325 KM		
TYRES	SIZE	MAKE	BALANCE (mm)
FRONT RH	195/65R15	LINGLONG	6
FRONT LH	195/65R15	LINGLONG	6
REAR RH	195/65R15	LINGLONG	6
REAR LH	195/65R15	LINGLONG	6
SURVEY CONDUCTED AT			
ComfortDelGro Engineering Pte Ltd, 59 Loyang Drive Singapore 508969. Assignment given by: MVA Limts (C.D.G.E.)			
REMARKS			
[1] Workshop Estimate : S\$ 5,349.52			
[2] Our Adjustment : S\$ 3,005.59			
[3] Repair Period : 4 days			
[4] We have not authorised repairs. This survey was carried out on without prejudice basis.			

**VICOM LTD**  
**SURVEY REPORT**

SHD3662D @ 14/08/2017

**Annex A: Adjustment on Spare Parts**

#	Qty	Vehicle Parts Description	Condition	Workshop Estimate (S\$)	VAC Adjustment (S\$) Aft 25% Disc.	
1	1	Garnish Sub-Assy, Back Door, Outside	Snapped	889.70	667.27	
2	1	Rear Bumper	Deformed	458.60	343.95	
3	1	Rear Bumper Re-Inforcement	Bent	318.80	239.10	
4	1	Rear Bumper Under Cover	Deformed	552.60	414.45	
5	2	Rear Bumper Side Retainer (Lh/Rh)	Waived <i>reuse</i>	225.40	0.00	
6	1	Rear Bumper Sponge	Waived <i>reuse</i>	143.40	0.00	
7	1	Rear Bumper Under Side Cover (Rh)	Reuse	167.60	0.00	
8	1	Rear Bumper Under Side Cover (Lh)	Reuse	232.00	0.00	
9	1	Rear Bumper Under Side Centre Cover	Reuse	220.60	0.00	
10	1	Rear Bumper Towing Cover	Waived <i>reuse</i>	82.70	0.00	
11	1	Rear Bumper Clips	Necessary	22.00	16.50	
12	1	Seal, Rear Bumper Side, Lh	Waived <i>reuse</i>	88.90	0.00	
13	1	Rear End Panel	Repair	602.10	0.00	
14	1	Rear End Panel Garnish	Reuse	121.60	0.00	
15	1	Rear Trunk Lid Logo (Prius)	Necessary	60.80	45.60	
16	1	Rear Trunk Lid Logo (Hybrid)	Necessary	52.40	39.30	
17	1	Rear Trunk Lidlogo (Toyota Star)	Necessary	45.90	34.42	
<b>Subtotal</b>				:	4285.10	1800.59
Less 25 %					1071.28	0.00
<b>TOTAL</b>				:	3213.82	1800.59
<b>SPECIAL NETT ITEM</b>						
1	1	Rear No Plate	Reuse	25.00	0.00	
2	1	Rear Trunk Lid Apps Sticker	Necessary	80.00	80.00	
3	1	Rear Trunk Lid Comfort & Tel No Sticker	Necessary	75.00	75.00	
4	1	Rear Bumper Reverse Sensor	Reuse	135.70	0.00	
<b>TOTAL</b>				:	315.70	155.00
<b>TOTAL FOR SPARE PARTS</b>				:	3529.52	1955.59

## SURVEY REPORT

## Annex B: Adjustment on Labour and Spray Painting

#	Job Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	Panel beating	1000.00	400.00
2	Spray painting charges	600.00	<del>540.00</del> 360
3	Wiring charges	50.00	<del>30.00</del> 20
4	Tuff kote	50.00	<del>20.00</del> 10
5	Remove/refix reverse sensor	120.00	<del>60.00</del> 30
TOTAL FOR LABOUR AND SPRAY PAINTING		1820.00	1050.00

## Summary

Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
TOTAL FOR SPARE PARTS	3529.52	1955.59
TOTAL FOR LABOUR AND SPRAY PAINTING	1820.00	1050.00
TOTAL REPAIR COST	5349.52	3005.59

**VICOM LTD**  
**SURVEY REPORT**  
**Annex C: Conclusion**

SHD3662D @ 14/08/2017

**ASSESSOR'S REPORT**

At the place of inspection, we saw this vehicle sustained rear damage.

The damages seen during our survey were at rear bumper, rear panel, boot lid and surrounding areas. A fuller detailed description of the damages is in Annex A of this survey report.

**ASSESSOR'S RECOMMENDATION**

Comfortdelgro Engineering Pte Ltd (Loyang) estimated a repair cost of S\$5,349.52. We adjusted it to S\$3,005.59 on a part-by-part basis.

Accordingly, we recommend repairs to this vehicle be carried out on a part-by-part basis at S\$3,005.59.

The repairs would require a period of 4 working days.



Kamarudin Abdul Kadir  
for VICOM Ltd

*p/p \$ 2765.60 / 3072*





Your Ref: AEMD/105/009/2017/125

Date: 30<sup>th</sup> August 2018

Our Ref: CS1/SPF18015602/K1qbs2

**M/s Automotive Engineering & MGT Division**

Accident Claim Section

(Singapore Police Force)

1 Mount Pleasant Road

Blk 8 Old Police Academy

Singapore 298333

(The Motor Claims Department)

Attn: Abdul Rahman

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO:  
SHD 3362D INSURED VEHICLE: QX 4903R ACCIDENT DATE: 14/08/2017**

We thank you for your instruction on 14/05/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SHD 3362D from M/s Vicom Ltd.
- b) Singapore Accident Statement of Vehicles SHD 3662D.
- c) Colour damaged vehicle photographs of SHD 3662D.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SHD 3662D
Make & Model	: Toyota Prius
Year of Registration	: 2016
Chassis Number	: JTDKB3FU303531531
Engine Capacity	: 1798 cc

2. We recommend that the repairs of the entire damage require about 3 (Three) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



# 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

Page No.: 1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3662D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	SNAPPED	889.70	889.70
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
1	REAR BUMPER UNDER COVER	DEFORMED	552.60	552.60
2	REAR BUMPER SIDE RETAINER (LH/RH)	REUSE	225.40	-
1	REAR BUMPER SPONGE	REUSE	143.40	-
1	REAR BUMPER UNDER SIDE COVER (RH)	REUSE	167.60	-
1	REAR BUMPER UNDER SIDE COVER (LH)	REUSE	232.00	-
1	REAR BUMPER UNDER SIDE CENTRE COVER	REUSE	220.60	-
1	REAR BUMPER TOWING COVER	REUSE	82.70	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	SEAL, REAR BUMPER SIDE, LH	REUSE	88.90	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	602.10	-
1	REAR END PANEL GARNISH	REUSE	121.60	-
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	60.80	60.80
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.40	52.40
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	45.90	45.90
	LESS 25% DISCOUNT		-1,071.28	-600.20
			3,213.82	1,800.60
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR NO. PLATE (SN)	REUSE	25.00	-
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	80.00	80.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (SN)	NECESSARY	75.00	75.00
1	REAR BUMPER REVERSE SENSOR (SN)	REUSE	135.70	-
			315.70	155.00
<b><u>LABOUR</u></b>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,000.00	400.00
	SPRAY PAINTING CHARGES.		600.00	360.00
	WIRING CHARGES.		50.00	20.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			1,820.00	810.00
GRAND TOTAL			5,349.52	2,765.60
RECOMMENDED COST OF REPAIRS				2,765.60

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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