

22/03/2002

ASS. REC. BY:

REF: CS/TMT18016973 / Klgbn2

Special Instruction:

Survivor:

Kalin

ASSIGNMENT (Office)

From (Person):

Telma Gomez

of

TMT

Date/Time:

18052018 9:07am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 4472U

Insured:

SLH 8671 B

at Workshop m/s

Comfort Delgro

Tel:

of

59 Loyang Dme

Policy No:

MJ000213

Claim No:

M1804625

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16092018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

18052018 9:55am

Person Contacted:

Mr. Lim

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 4472U - NS/ENC18009991 / Klgbn2
	SLH 8671 B - X

DUA: 01-06-18

(08/11/13)

REF:

Surveyor: Kalvin

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

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

Veh No: SHA 44724 Yr Regn: 25 May 2017

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

Truck / Trailer or

Make: Toyota Pro C.C. 1798Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 111776 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTOK83F4X0J5 + 6916

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Webb Lake

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 16/9/12 D.O.I. 18/9/12Survey held at CDHE (Loyang)

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

Rear

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

Date / Time Action / Instruction

21/9/12 Continued PIP \$222.20. (Red 8932, 30%) To Ks
PIP

RECEIVED 21 SEP 2012

Date/Time, File Pass to?

☐ : Prel. Report

11/24/9 mm

☐ : 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:

\$ + RS. \$

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I. (\$

MER-TP

377.20

250

10

260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	17 Sep 2018 18:35 Sendback Est	17 Sep 2018 18:51 S\$3,154.20	18 Sep 2018 09:07 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHA4472U	Date of Loss:	16/09/2018 12:00 - :59 [15 Months and 22 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1804625	Policy/Cover Note No.:	MJ000293 (Third Party Only) Coverage: 02/03/2018 - 01/03/2019
Vehicle Reg. No. (Insured):	SLH8671B	Policy No. (Claimant):	
		Excess:	S\$2,000.00
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 27/09/2018]		
Adj Asg. Remarks:	PLS. CHECK CONSISTECY OF THE DAMAGE.THKS		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

View All

Compose Case Mail



ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	17/09/2018 15:56
Date Of Accident	16/09/2018 12:45
Exact Location Of Accident	ALONG ALEXANDRA RD BUS STOP ID: 11519
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4472U
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	NG KEH LAIN
NRIC No	S1511167D
Date Of Birth	31/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1980
Driving Experience	37 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81151245
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 95 BEDOK NORTH AVENUE 4 #11-1401
Postcode	460095
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?	YES
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)	1

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

PLD REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH8671B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG KEH LAIN
------	-------------

Approximate Age

57

Injuries Sustain

FELT PAIN ON RIGHT SHOULDER. ON 5 DAYS MC.

Injured person in which vehicle?

SHA4472U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199702321R

Policyholder's Signature
Date & Time:

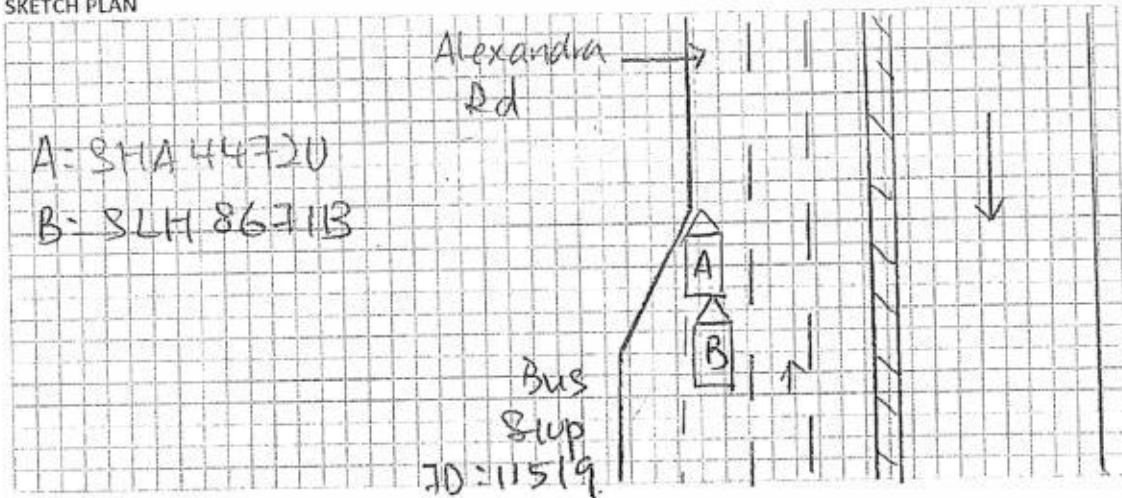
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/RC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/9/18 at about 12:45 hrs, I was driving along Alexandra road.

Shortly after I switched on hazard light and comes to stop aside to pick up a passenger. A few second later, I felt an impact from my taxi behind. Veh B it front portion collided onto the rear portion of my stationary taxi.

No passenger in my taxi. I felt pain on my right shoulder, doctor given 5 days MC.

DECLARATION

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

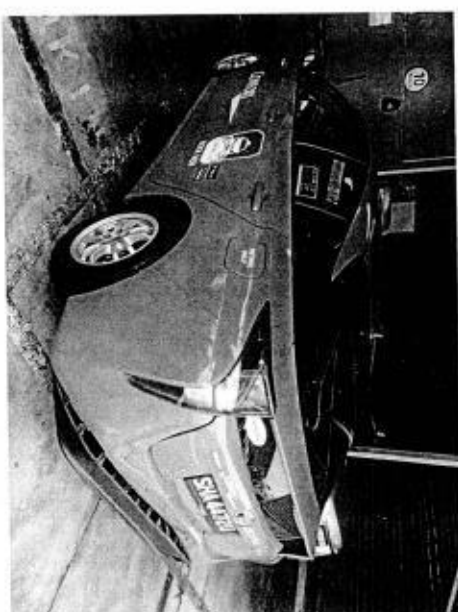
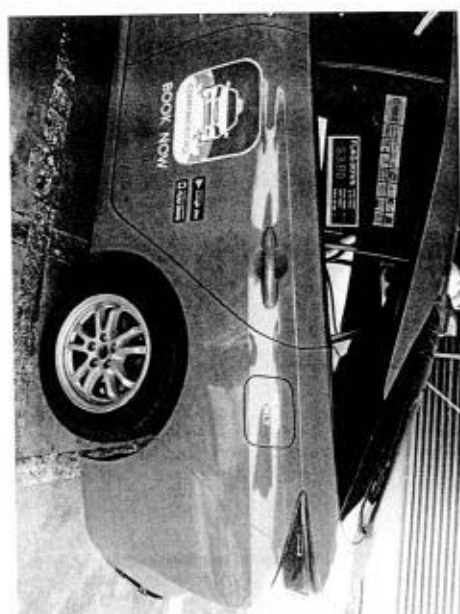
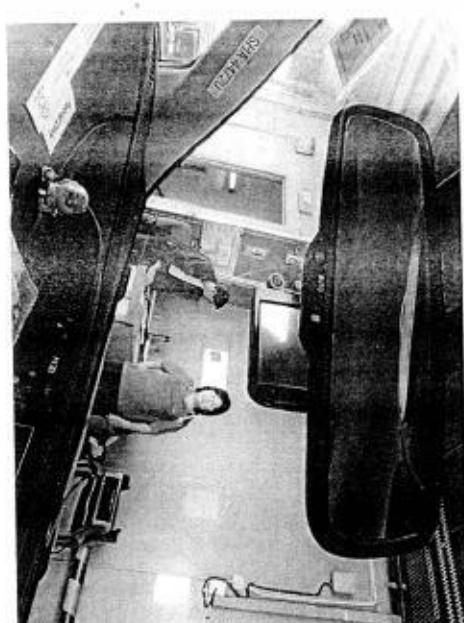
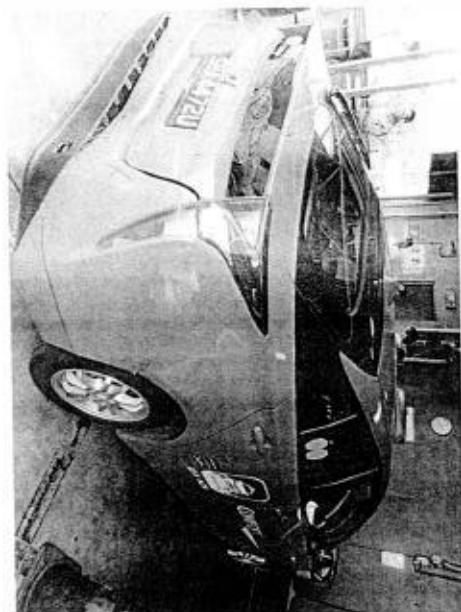
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 102007201R

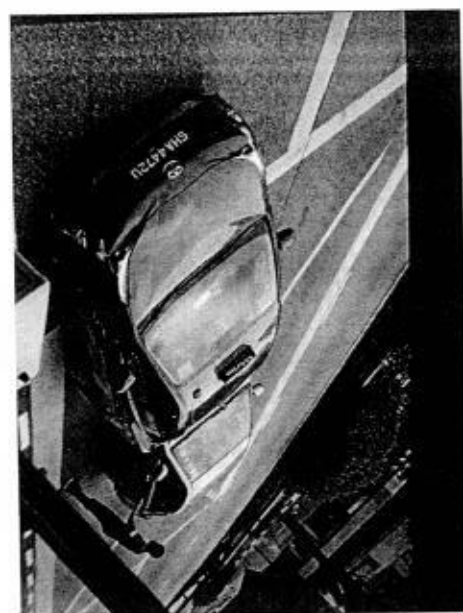
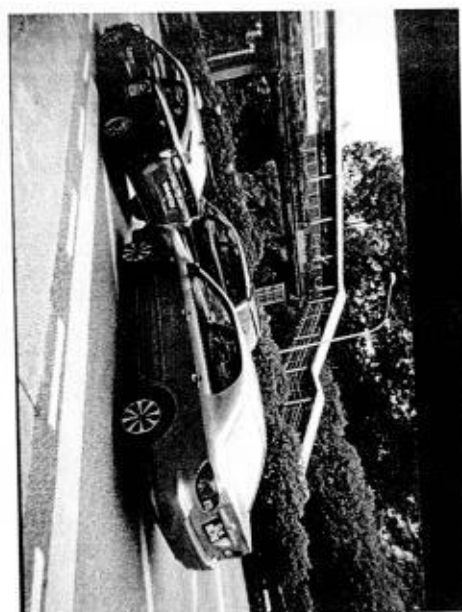
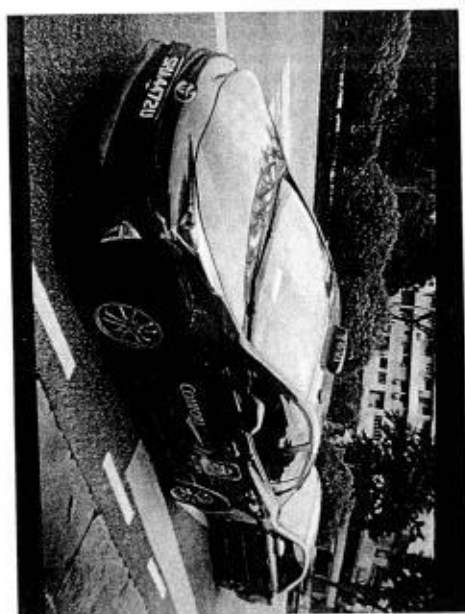
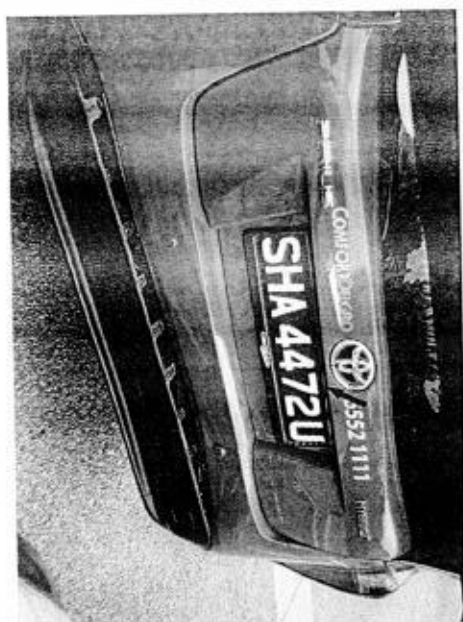
Policyholder's Signature
Date & Time:

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

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

COMFAC SketchPlanForm_v2





Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305213905

TOMER

COMFORT TRANSPORTATION PTE LTD

7010045

MS

TOMER NO.

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65508755

(R)

(P)

(O)

Tokio Marine

COUNT CARD NO.

REGN NO.:

SHA4472U

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)17.09.2018 02:20

DATE/TIME IN

YR OF MANU

25.05.2017

TARGET DATE

CHASSIS CODE

JTDKB3FUX03556930

COMPLETION DATE/TIME:

JOB DESCRIPTION

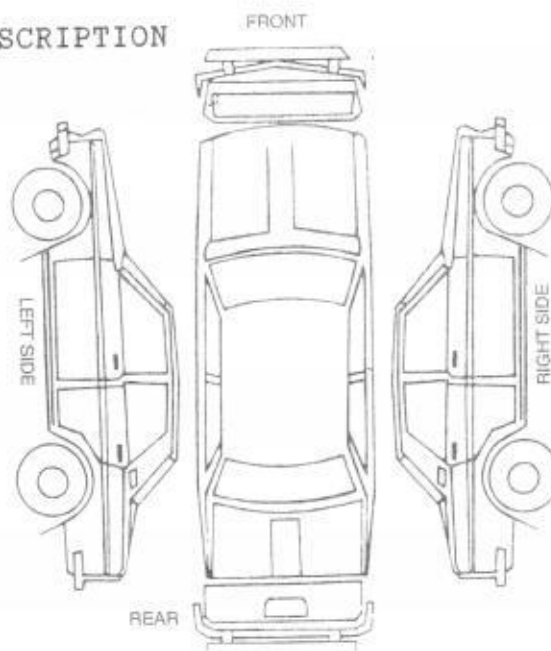
Accident Date: 16.09.2018

NATURE: 3P 16.09.2018

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e No.:

SHA4472U

LKE

Vehicle No.:

SHA4472U

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

UKK/Kalvin

Singapore

Like pbyP

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY
Policy No:
Vehicle Reg. No.: SHA4472U
Party At Fault: UNKNOWN

Ref. No:
Date of Loss: 16/09/2018
Driveable? YES

Make/Model: TOYOTA PRIUS HYBRID, 1.8 (A) Vehicle Reg. Date: 25/05/2017
Vehicle Colour: BLUE Gen Condition: GOOD
Engine No: 2ZRS043086 Chassis No: JTDKB3FUX03556930
Odometer: 0 KM

Paint Type:
List Item Discount: 25.00 %
Total Loss? NO
Est. Duration of Repair (day) 4

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

Amount

Parts	1,874.20
Miscellaneous Items	10.00
Labour	1,270.00
Paintwork Labour	0.00
Towing	0.00

Gross Total (S\$)	3,154.20
+ GST 7.00% (S\$)	220.79
Nett Amount (S\$)	3,374.99

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 17 Sep 2018)
 Parts: 144 TOYOTA PRIUS HYBRID 1.8 (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHA4472U/17/09/2018 18:51
 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>Revised</i>	25.00	0.00	*458.60 FL
2	1		*REAR BUMPER REINFORCEMENT <i>Rev</i>	25.00	0.00	*322.30 FL
3	1		*REAR BUMPER UNDER COVER <i>ca</i>	25.00	0.00	*582.00 FL <i>552.30</i>
4	1		*REAR BUMPER SIDE RETAINER <i>X set</i>	25.00	0.00	*112.70 FL
5	1		*REAR BUMPER SPONGE <i>X "</i>	25.00	0.00	*143.40 FL
6	1		*REAR BUMPER UNDER SIDE COVER RH <i>X set</i>	25.00	0.00	*167.60 FL
7	1		*REAR BUMPER UNDER SIDE COVER LH <i>X set</i>	25.00	0.00	*232.00 FL
8	1		*REAR BUMPER TOWING COVER <i>missing</i>	25.00	0.00	*82.70 FL
9	1		*REAR TRUNK LID LOGO (PRIUS) <i>me</i>	25.00	0.00	*60.80 FL
10	1		*REAR TRUNK LID LOGO (HYBRID) <i>me</i>	25.00	0.00	*52.40 FL
11	1		*REAR TRUNK LID LOGO (TOYOTA STAR) <i>me</i>	25.00	0.00	*52.90 FL
12	1		*REAR TRUNK LID COMFORTDELGRO LOGO <i>me</i>	0.00	0.00	*30.00 F
13	1		*REAR TRUNK LID TEL NO. STICKER <i>me</i>	0.00	0.00	*30.00 F
14	1		*REAR BUMPER REVERSE SENSOR <i>shorted</i>	0.00	0.00	*135.70 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	2,433.70
- List Item Discount on L Items (\$\$)	559.50
Total Parts (\$\$)	1,874.20

ComfortDelGro Engineering Pte Ltd/SHA4472U/17/09/2018 18:51. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	600.00 400
2	SPRAY PAINTING CHARGE	New	500.00 400
3	WIRING CHARGE	New	50.00 19
4	REMOVE/REFIX REVERSE SENSOR	New	120.00 30
Gross Labour Cost (S\$)			1,270.00

ComfortDelGro Engineering Pte Ltd/SHA4472U/17/09/2018 18:51. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka/wi/Ky
18/9/18 1055L
3 Dye
PIP
Before Print photo

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before start work, including
- To display damaged parts prior to resurvey
- Parts prices are subject to confirmation
- Third party survey is on a non-binding, ad hoc basis
- No illegal modification is allowed
- Supplier's liability must be approved and is subject to final approval from Insurance Company

Acknowledged by Repairer:
Signature:
Date:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.09.2018

REPAIR ESTIMATE

Time: 14:44:48

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 : 305213905
REGN NO : SHA4472U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 25.05.2017
DATE/TIME IN : 17.09.2018 02:20
ACCIDENT DATE : 16.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95
0002	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1 L	322.30	25.00	241.72
0003	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.30	25.00	414.22
0004	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1 L	82.70	25.00	62.02
0005	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1 L	52.90	25.00	39.67
0006	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1 L	52.40	25.00	39.30
0007	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1 L	60.80	25.00	45.60
0008	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1 N	30.00	2.50-	30.00
0009	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1 N	30.00	0.25	30.00
0010	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1 L	135.70	0.03-	135.70

SUB-TOTAL : 1,382.18

JOB NATURE

0000 L	MERIMEN CHARGE	10.00
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COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305213905
REGN NO : SHA4472U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 25.05.2017
DATE/TIME IN : 17.09.2018 02:20
ACCIDENT DATE : 16.09.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 L	PANEL BEATING			400.00		
0002 23-502	SPRAYPAINT ON AFFECTED AREA			400.00		
0003 20-22	REMOVE/REFIX REVERSE SENSOR			30.00		
SUB-TOTAL :						840.00
TOTAL :						2,222.18

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305213905
Date 21/09/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA4472U CTPL

Fax :
16.09.18

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

1. The repair job shall bill to: TOKIO MARINE --- SLH8671B
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$1,382.20
(b) Labour Charges	\$840.00
Total for Part-By-Part Repair Cost	\$2,222.20
(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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 21/9/18

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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:

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/TMI18016973/K1QBN2

Date: 25/09/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ000293
Claimant Vehicle No :	SHA4472U	Insured Vehicle No :	SLH8671B
Date of Loss:	16/09/2018	Nature of Claim:	TP
		Claim No:	M1804625

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA4472U	Engine No:	2ZRS043086
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 (A)	Chassis No:	JTDKB3FUX03556930
Reg. Date:	25/05/2017 (Man. Year: 2017)	Odometer:	111776 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:	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:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,874.20	1,382.20	492.00	26.25
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,270.00	830.00	440.00	34.65
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,154.20	2,222.20	932.00	29.55
+ GST 7.00/7.00% (S\$)	220.79	155.55	65.24	29.55
Nett Amount (S\$)	3,374.99	2,377.75	997.24	29.55

INSPECTION

Date of Assignment:	18/09/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	18/09/2018	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: 25 Sep 2018)
Parts: 144	TOYOTA PRIUS HYBRID 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA4472U)
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 REINFORCEMENT	Bent	322.30 FL	*322.30 FL
3	1		*REAR BUMPER UNDER COVER	Cracked	552.60 FL	*552.30 FL
4	1		*REAR BUMPER SIDE RETAINER	Serviceable	112.70 FL	*- FL
5	1		*REAR BUMPER SPONGE	Not Necessary	143.40 FL	*- FL
6	1		*REAR BUMPER UNDER SIDE COVER RH	Serviceable	167.60 FL	*- FL
7	1		*REAR BUMPER UNDER SIDE COVER LH	Serviceable	232.00 FL	*- FL
8	1		*REAR BUMPER TOWING COVER	Missing	82.70 FL	*82.70 FL
9	1		*REAR TRUNK LID LOGO (PRIUS)	Necessary	60.80 FL	*60.80 FL
10	1		*REAR TRUNK LID LOGO (HYBRID)	Necessary	52.40 FL	*52.40 FL
11	1		*REAR TRUNK LID LOGO (TOYOTA STAR)	Necessary	52.90 FL	*52.90 FL
12	1		*REAR TRUNK LID COMFORTDELGRO LOGO	Necessary	30.00 F	*30.00 FS
13	1		*REAR TRUNK LID TEL NO. STICKER	Necessary	30.00 F	*30.00 FS
14	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 F	*135.70 FS

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

Sub Total (S\$)	2,433.70	1,777.70
- List Item Discount on L Items 25.00/25.00% (S\$)	559.50	395.50
Total Parts (S\$)	1,874.20	1,382.20

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	600.00	400.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (\$\$)			1,270.00	830.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >