Winner Ras	4.3
From (Person): Outlier	10 TN19 of CT Date/Time: 12/12/1804-0/pm
Estimated Cost:	Bill to:
	/ OD RES / EVA / INV / MV 7 CS
To Inspect Vehicle No:	SHA 8702 / Insured: CB 7879P
at Workshop m/s	other Automotive Tel: 83039588
of	31 corporation Road
Policy No: DMB1S	SN17-11721801 Claim No: SNM18DUS746CU2
Sum Insured:	Excess:
Make of Veh	
(Client's Record)	D.O.A 10/12/2018
(Client's Record)  CA / REV / REP. / R	REV 24 HPS (UP)
(Client's Record)  CA / REV / REP. / R	REV 24 HPS (UP)
(Client's Record)  CA / REV / REP. / R  Date/Time: 13 12 [66	REV 24 HRS WP)  Oquature Person Contacted: A lex Vehicle IN OUT
(Client's Record)  CA / REV / REP. / R  Date/Time: 13 12 [66]  Date/Time Action/Ins	REV 24 HRS (MP)  Oquia Person Contacted:  A Lex Vehicle (IN) OUT  struction ( ) Estimate
CA / REV / REP. / R  Date/Time: 13 12 [60]  Date/Time Action/Ins	REV 24 HRS http:  Ograpum Person Contacted: A lex Vehicle IN OUT  struction ( ) Estimate  87224-X
CA / REV / REP. / R  Date/Time: 13 12 166  Date/Time Action/Ins  SHA	REV 24 HRS hp)  Ogram Person Contacted:  Struction ( ) Estimate  87 22 4 - X  87 90 - X
(Client's Record)  CA / REV / REP. / R  Date/Time: 13 12   [60  Date/Time   Action/Ins  SHA  (8 12 18@ 5.16 14	REV 24 HRS http:  Ograpum Person Contacted: Alex Vehicle IN OUT  struction ( ) Estimate  87224-X

1 K 1 T 1 T	776	11.00	4	1. 34	5
1. 1. 7. 1. 5	20	4.1.5	A.	1.	V. J.

From: Estimated Cost	Dale: 13 112 118	Veh No. SHA 8722 Type: M.Car / M.Cycle / Bus / Van /		
0	OD RESTEVATINV/MV	Truck / Trailer or		
To Inspect Vehicle Nor at Workshop m/s	SHA 8722 Y Ding Automotive 31 corporation Road	Make: Toyoth prim	A/G Insured / Std.)  T/Radio: Insured / Std.)	1 <b>38</b>   NI / NA
of	31 corporation Road	Sp.Reading 256911	T/Radio: Insured / Std	/ NI / NA
Policy No.			1 5035 585 11	
Claims No.		Steering: Words / Jammed / Leak		
Sum Insured:	Excess:			
(Client's Record)				
Make of Veh:		Modi / S/Rim / STD A/Rim  Tyre Size: F: (9'	Sloskis	
(Policy Condition)		R:	1.	
Remark: The veh had o	ommenced its N/S 0/S	BS/DUN/EXNOVA/GY/FS/LL	ZA / MIC / OHTSU / PIR / SU	MI /
repair at the t	ime of inspection.	TOYO / YOKO or W	EST LAKE .	
Bal. or Market Value:		Front	Rear .	
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. 5 mm	R/Bal S	mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. \$ mm	L/Bal. 5 D.O.I. 13/0/4	mm
Est Repairs:	Y days Res.: Yes or No	D.O.A. (. (1) 18	D.O.I. 13/0/4	8
Lum Sum:	% 3 Val.: Yes or No	Survey held at DrA	US AUGU	
CA / REV / REP.	/ 24 HRS IWP Vehicle: IN / O	Des. of Damages : Frt Rear / O	NS / N/S / U/C / Rooftop	or
Date:	Person Contacted:	The U/C / Chassis frame / E	lody Structure affected due l	to collision.
Date / Time Actio	on / Instruction		•	
	RECEIVED 1 9 DE	2018		
	-			
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:		
1) 19/12 MAIST Date/Time, File Return to?	: Final Report	Resurvey No. of Trip:	Survey Fee: Transportation	
-21	Add F	ee: Site Insp (\$	)S+RSSt	
		Interview (\$	) Photos	
Report Format:	MER-TP (\$ 1498.66)	Tech Invs (\$	) (1,400) (	50.35
Lump Sum / LB I:	(\$ 1498.66)	Weekend (\$	_ ) - ' <u> </u>	770
1			TOTAL	

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted:	Ins Auth'ed	Status		
Main	11 Dec 2018		12 Dec 2018 16:01 Assign					New Assignment Cancel Case		
1	Main	Re	ference		Claim Details		Documen	ts	5	how All
CLAIM SU	BFOLDER DE	TAILS			AND ADDRESS OF TAXABLE	[Create	d by insurer1	A STATE OF THE PARTY OF		PATRICINA STATE
Insured:						-				
Main Claimant:	CITYCAB	CITYCAB PTE LTD								
Vehicle Reg No.:	SHA872	2Y			Date of Loss;	10/12/20	18 00:00 - :59			
Claim Type:	TP / SNM	118D05746C02			Policy/Cover Note No.:	DMB1SN:	1711721801			
Vehicle Reg No. (Insured):	СВ7879Р				Policy No. (Claimant):					
	4				Excess:	S\$0.00				
Repairer:	Ding Auto	motive Pte Ltd	(HQ) 31 CORPOR	RATION ROA	D, 649825 Boon	Lay - Tel:	96992878			
Handling Insurer:	China Tai	ping Insurance (	(Singapore) Pte	Ltd. (HQ	- Tel: 6389 611	1 [Hand	lled by <b>Catherine</b>	Thia]		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 21/1	2/2018]			
Adj Asg. Remarks:		ASE WITH SJE.								
ASSOCIAT	ED MAIL RE	CEIVED						View All C	ompose	Case Ma
There are n	o mail for this	case.					_	-		
ALL ASSO	CIATED TAS	KS=				View All	Search Tasks	Create New	Task	Comple
Due Date No results.	Priority	Type Task	Group Subj	ect Han	dler Assign	ed By	Completed On			Done

### Shiau Chan (LKKAuto)

From:

Rasul (LKKAuto)

Sent:

Tuesday, 18 December 2018 5:16 PM

To:

taxiscs@stengg.com; SUR; Asher Sng (LKKAuto); Admin A

Cc:

ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG;

Carlor.chan@dingauto.sg

Subject:

RE: 50111199/SHA8722Y - Finalize Amount & After Repair Photo

Hi Alex,

Finalised amount confirmed

Best Regards,

Rasul | Assessor

### LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth. Print only when necessary.

From: taxiscs@stengg.com [mailto:taxiscs@stengg.com]

Sent: Saturday, 15 December, 2018 3:26 PM

To: Rasul (LKKAuto); SUR; Asher Sng (LKKAuto); Admin A

Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Carlor.chan@dingauto.sg

Subject: 50111199/SHA8722Y - Finalize Amount & After Repair Photo

Dear Officer,

Please see below for the finalize according to our conversion to finalize for SHA8722Y Kindly check the attach after paint & before paint.

Total Repair - 02 Days

P/P REPAIR

Labour - \$460.00 Special Netts - \$85 Parts After 20 % discount = \$953.66 Final Amount L+S+P =\$1498.66

Finalize Amount \$1498.66

Please help to close this case ASAP

Thanks

Best Regards Ding Automotive Pte Ltd Alex Khong

## Shiau Chan (LKKAuto)

From:

taxiscs@stengg.com

Sent:

Saturday, 15 December 2018 3:26 PM

To:

Rasul (LKKAuto); SUR; Asher Sng (LKKAuto); Admin A

Cc:

ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG;

Carlor.chan@dingauto.sg

Subject:

50111199/SHA8722Y - Finalize Amount & After Repair Photo

DSC00403.JPG; DSC00402.JPG; DSC00401.JPG; DSC00400.JPG; DSC00399.JPG; DSC00398.JPG; DSC00397.JPG; DSC00396.JPG; DSC00382.JPG; DSC00380.JPG;

DSC00379.JPG; DSC00372.JPG; DSC00370.JPG; DSC00369.JPG

Dear Officer,

Attachments:

Please see below for the finalize according to our conversion to finalize for SHA8722Y Kindly check the attach after paint & before paint .

Total Repair - 02 Days

P/P REPAIR

Labour - \$460.00 Special Netts - \$85 Parts After 20 % discount = \$953.66 Final Amount L+S+P =\$1498.66

Finalize Amount \$1498.66

Please help to close this case ASAP

#### Thanks

Best Regards Ding Automotive Pte Ltd Alex Khong Hp: 62657130

NOTE !!!

All mailed letter & cheque payment is to be mailed to our main office address :

BLOCK 10 #01-20

SIN MING INDUSTRIAL EST. SEC C

SINGAPORE 575645

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]

MSK118159500 / Singapore Technologies Kinetics Ltd - Jalan Boon Lay ENTRY DATE & TIME: 10/12/2018 17:06 SUBMITTED BY: WONG SIEW KEONG

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- 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.

ACCI		IT C	тлт	E 14.4	EΝ	т
ACCI	DEI		IAI		-1	ш

Date Of Report 10/12/2018 17:06

Date Of Accident 10/12/2018 15:15

Exact Location Of Accident ALONG QUEENSWAY

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHA8722Y

Insured/Policyholder

Name Of Registered Owner CITYCAB PTE LTD

Co Reg No 199502839G Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer TOYOTA

Model PRIUS-1.5 HYBRID CVT (A)

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 TOH HAN PENG

 NRIC No
 \$1760685I

 Date Of Birth
 26/08/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/09/1995

Driving Experience 23 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90993946

Fax Number Contact Number Address

BLK756 JURONG WEST ST74 #06-62

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

4

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 3

NAME:

: UNKNOWN

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

REFER TO ATTACH STATEMENTS

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE NOT SUITABLE

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

CB7879P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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:
  - 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 invoive 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:
  - 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.

TOOK

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.:

## Accident Sketch Plan Pg. 2

SKETCH PLAN	
	SHASDY

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

About 1515H 10 DEC 2019, while I was
driving along Queensway towards Yishun, There
was a jam infront, so I stopped my taxi.
Suddenly a van CB7879 hit my tax;
from behind, In the tax: , there are
driving along Queensway towards Hishun, There was a jam infrom, so I stopped my taxi.  Suddenly a van CB7879 hit my taxi.  from behind, In the taxi, there are  3 passengers (Mrs Lim 96857985)

## DECLARATION

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

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.:

### DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C #01-20 Singapore 575645

Tel: 6452 1208 Fax: 6452 0614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

11/12/2018 8:55

JOB-NO: 50111199

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE

64739522

SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHA8722Y

TRANS: AUTO

CHASSIS: JTDKB3FU003558511

MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT

ENGINE: 2ZRS047479

JOB-CODE: TP

OWNER'S INSURER: MS First Capital Insurance Limited

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND SUR	REV
LABOUR					Seem son	
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	800.00	0.00	800.00	200	Υ
2 R&R REAR REVERSE SENSOR AND SPRAY PAINTING	1.00	120.00	0.00	120.00	60	460 -
3 CHECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC (CLEAR FAULT CODE)	1.00	180.00	0.00	180.00		404
4 RUSH PROOFING	1.00	120.00	0.00	120.00	×''	Υ
5 SPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Υ
6 SPRAY REAR BUMPER SIDE COVER LH&RH	1.00	250.00	0.00	250.00 >	<n (<="" td=""><td>Υ</td></n>	Υ
7 SPRAY BOOTLID GARNISH AND BOOTLID	1,00	250.00	0.00	250.00 7		Υ
8 SPRAY REAR FENDER LH & RH	1.00	250.00	0.00	250.00	× 1	Υ
TOTAL:		2,220.00	0.00	2,220.00		9
MATERIALS .						
1 REAR BUMPER PEPEN	1.00	490.50	122.63	367.87	n L	Υ
2 REAR BUMPER RETAINER RHS X AN	1.00	92.30	23.08	69.22	L	Υ
3 REAR BUMPER RETAINER LHS XXX	1.00	92.30	23.08	69.22	L	Υ
4 REVERSE SENSOR SCA /	1.00	358.85	89.71	269.14	L	Υ
5 BOOTLID GARNISH 🗶 🔥	1.00	302.30	75.58	226.72	L are	. //Y
6 BOOTLID EMBLEM PRIUS X7	1.00	56.70	14.18	42.52	F 27.	3.86 A
7 BOOTLID EMBLEM LOGO X	1.00	56.70	14.18	42.52	) L	Υ
8 BOOTLID EMBLEM HYBIRD X	1.00	56.70	14.18	42.52	/ L	Υ
9 REAR DIFFUSES W//	1.00	558.30	139.58	418.72	L	Υ
10 REAR TOW COVER CUI	1.00	35.60	8.90	26.70	L	Υ
11 REAR BUMPER REINF	1.00	318.80	79.70	239.10	) L	Υ
12 REAR END PANEL X SW	1.00	629.80	157.45	472.35	L	Υ
13 REAR BUMPER CLIPS ** /	1.00	35.00	0.00	35.00	S	Y
14 REAR BUMPER PROTECTOR PAD 🗠 🦯	1.00	180.00	0.00	189:00	so s M	Υ
15 BOOTLID STICKER-COMFORTDELGRO X A	1.00	120.00	0.00	120.00	S	Υ
16 BOOTLID STICKER 655211111 🗶 🏊	1.00	120.00	0.00	120.00	S	Y
TOTAL:		3,503.85	762.25	2,741.60		-
TOTAL PARTS & LABOUR :		5,723.85	762.25	4,961.60		
				(1,	2	

EXCESS/LOADING:S\$

No. Of Day:

RE-SURVEY: SEFORE AFTER PAINTING

LAIM DETAILS			QUOTED	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
ESCRIPTION		QTY	COSTS			2000003	Arakemoreani	PRICE
ART-BY-PART OR L	UMP SUM: S\$					^	4	0
ATE OF SURVEY:	13/12/11	P 173	5			(	Musi	7
URVEYED BY:	Rome						$\Lambda \sim$	1. 5
CONTACT NO:	goowly	FAX NO:			_		1/1/	2/10
	MOUNT WOULD BE R	EVISED IF S	UPPLEME	NT REPAIR	IS REQUIRED			
DAuto001								
Ding Auto User 1								
ESTIMATOR								
STA AUTOCENTRE								
TEI:	FAX.							

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

Acknowledged by Repairer

Signature:

Date:

### 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:

DMB1SN1711721801

CS/CTI18022407/R1QD3N2

2ZRS047479

256977 km

Date:

20/12/2018

REFERENCE

Handling Insurer: Claimant China Taiping Insurance

(Singapore) Pte. Ltd.

Vehicle No:

SHA8722Y

10/12/2018

Nature of

Claim:

No:

Policy No:

TP

Insured Vehicle CB7879P

Claim No:

SNM18D05746C02

JTDKB3FU003558511

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

**SHA8722Y** 

Make & Model:

Date of Loss:

TOYOTA PRIUS, 1.5 HYBRID CVT (A)

22/06/2017 (Man. Year: 2017)

Reg. Date: Colour:

Yellow 1798 cc

**Engine Capacity:** Market Value/New Car

N/A

Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

**General Condition:** 

Steering (Serviceable):

Yes Engine Modification:

Footbrake (Serviceable): Pre-accident Condition:

Engine No:

Chassis No:

Odometer:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side:

195/65 R15 West Lake 5 mm Rear Tyre Size:

195/65 R15

Front Right Side:

West Lake 5 mm

Rear Left Side: Rear Right Side: West Lake 5 mm

West Lake 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts	Repairer's 2,741.64	Adjuster's 1,038.66	Difference 1,702.98	Diff % 62.12
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,220.00	460.00	1,760.00	79.28
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,961.64	1,498.66	3,462.98	69.80
+ GST 7.00/7.00% (S\$)	347.31	104.91	242.40	69.79
Nett Amount (S\$)	5,308.95	1,603.57	3,705.38	69.79

INSPECTION

Date of Assignment:

12/12/2018

Date Inspected:

13/12/2018

Inspected At:

Ding Automotive Pte Ltd (HQ) 31 CORPORATION ROAD

Singapore 649825

Estimated Period of Repair:

2.0 days

Adjuster: MOHD RASUL

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: 20 Dec 2018)

Parts: 144 TOYOTA PRIUS 1.5 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHA8722Y)

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 \*.

No.	Qty Part No.	Particulars	Condition	Repairer's	Amount
1	1	*REAR BUMPER	Repair	490.50 FL	*-FL
2	1	*REAR BUMPER RETAINER RHS	Not Necessary	92.30 FL	*-FL
3	1	*REAR BUMPER RETAINER LHS	Not Necessary	92.30 FL	*-FL
4	1	*REVERSE SENSOR	Scratched	358.85 FL	*358.85 FL
5	1	*BOOTLID GARNISH	Not Necessary	302.30 FL	*-FL
6	1	*BOOTLID EMBLEM PRIUS	Not Necessary	56.70 FL	*-FL
7	1	*BOOTLID EMBLEM LOGO	Not Necessary	56.70 FL	*-FL
8	1	*BOOTLID EMBLEM HYBRID	Not Necessary	56.70 FL	*-FL
9	1	*REAR DIFFUSES	Deformed	558.30 FL	*558.30 FL
10	1	*REAR TOW COVER	Cut	35.60 FL	*35.60 FL
11	1	*REAR BUMPER REINF	Bent	318.80 FL	*318.80 FL
12	1	*REAR END PANEL	Serviceable	629.80 FL	*-FL
13	1	*REAR BUMPER CLIPS	Necessary	35.00 FS	*35.00 FS
14	1	*REAR BUMPER PROTECTOR PAD	Necessary	180.00 FS	*50.00 FS
15	1	*BOOTLID STICKER-COMFORTDELGRO	Not Necessary	120.00 FS	*-FS
16	1	*BOOTLID STICKER 65521111	Not Necessary	120.00 FS	*-FS
F=Fra	inchise part. S=Spc	Nett. L=ListItemDisc.			
			Sub Total (S\$)	3,503.85	1,356.55

- List Item Discount on L Items 25.00/25.00% (S\$) 762.21 317.89

Total Parts (S\$) 2,741.64 1,038.66

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Reco	mmor	habe	laho	NII
Reco	mmei	lueu	Labo	Jui

ms			
AIGHTEN AND PANEL BEAT ACCIDENT AREAS	New	800.00	200.00
REAR REVERSE SENSOR AND SPRAY PAINTING	New	120.00	60.00
[2]	New	180.00	5
SH PROOFING	New	120.00	
AY REAR BUMPER	New	250.00	200.00
AY REAR BUMPER SIDE COVER LH&RH	New	250.00	-
Y BOOTLID GARNISH AND BOOTLID	New	250.00	
RAY REAR FENDER LH & RH	New	250.00	
Gross Labour Cost (S\$)		2,220.00	460.00
-	EMS  CAIGHTEN AND PANEL BEAT ACCIDENT AREAS  R REAR REVERSE SENSOR AND SPRAY PAINTING  ECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC  EAR FAULT CODE)  SH PROOFING  RAY REAR BUMPER  RAY REAR BUMPER SIDE COVER LH&RH  AY BOOTLID GARNISH AND BOOTLID  RAY REAR FENDER LH & RH  Gross Labor	RAIGHTEN AND PANEL BEAT ACCIDENT AREAS R REAR REVERSE SENSOR AND SPRAY PAINTING ECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC EAR FAULT CODE) SH PROOFING RAY REAR BUMPER RAY REAR BUMPER SIDE COVER LH&RH AY BOOTLID GARNISH AND BOOTLID New RAY REAR FENDER LH & RH New RAY REAR FENDER LH & RH New RAY REAR FENDER LH & RH New	RAIGHTEN AND PANEL BEAT ACCIDENT AREAS REAR REVERSE SENSOR AND SPRAY PAINTING ECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC EAR FAULT CODE) SH PROOFING RAY REAR BUMPER RAY REAR BUMPER SIDE COVER LH&RH AY BOOTLID GARNISH AND BOOTLID RAY REAR FENDER LH & RH New 250.00 RAY REAR FENDER LH & RH New 250.00 RAY REAR FENDER LH & RH New 250.00

< END OF ESTIMATES >