

22/03/2019

ASS. REC. BY:

REF:

CS/SMO19002212/N8d3

Special Instruction:

SURVIVOR

N92

ASSIGNMENT (Office)

Merimen

From (Person):

Ginoh pau luang

of

SMO

Date/Time: 7/2/19 @ 4:09pm

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EYA / INV / MY / CS

To Inspect Vehicle No:

SHA 4547M

Insured:

SLS 8935H

at Workshop m/s

Comfort Delgro

Tel:

96355305

of

59 Layong Drive

Policy No:

D18MTPV01016456

Claim No:

CMTD1900717

Sum Insured:

Excess:

Make of Veh:

D.O.A.

2/2/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

KYP

H.O.D. Endorsement:

Date/Time:

4:16pm 7/2/19

Person Contacted:

Jumeri

Vehicle

IN OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHA 4547M - NS/INC18007935/K1/bn2

DUA: 28/9/18

SLS 8935H - X

12/2/19

Send preli revised via merimen

Surveyor:

NAZ

REF:

SAMP0

JU

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

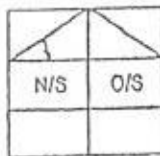
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IUAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

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:

SHA 4547M

Yr Regn:

29 JUN 2019

Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA PRIMO HYBRID

c.c. 1,798

Colour:

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

307 388

T/Radip: Insured / Std / NI / NA

Eng/No:

C/No:

JTD KB3FU903559584

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size: F:

195/65 R15

R:

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

TOYO / YOKO or

WESTLAKE

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

21/2/19

D.O.A.

7/2/19

Survey held at

EDGE WAY 4

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

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

SAMP0 P/P

Date / Time

Action / Instruction

19/2/19

FINALIZED PART BY PART REPAIR \$450.00 / 2 DAYS.

(\$940.68 Red. 68%)

RECEIVED 20 FEB 2019

Date/Time, File Pass to?

20/02/19

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) 450/- P/P

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

Site Insp

(\$)

Interview

(\$)

Tech. Invs

(\$)

Weekend

(\$)

\$ + RS \$

Photos

Others

TOTAL

250

10

260

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

To:	Sompo Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06, Singapore Land Tower Singapore 048623	From:	LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn:	GNOH PAU LOONG	Date:	12 Feb 2019
<u>Preliminary Advice</u>			

Insured Vehicle No :	SLS8935H	Accident Date :	02/02/2019
TP Vehicle No :	SHA4547M	Assignment Date :	07/02/2019
Make :	TOYOTA PRIUS	Est. Duration of Repair :	2.00
Date of Inspection :	07/02/2019		
Inspection At :	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,390.68
Revised Amount	:S\$	450.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	450.00
Lump Sum Repair	:S\$	
Total Loss Consideration		
New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

<input type="checkbox"/>	The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
<input type="checkbox"/>	The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
<input checked="" type="checkbox"/>	Other comments : The above survey was conducted on a 'Without Prejudice' basis.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Feb 2019		07 Feb 2019 16:09 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
----------------------	---------------------------	-------------------------------	---------------------------	--------------------------

CLAIM SUBFOLDER DETAILS	[Created by insurer]
Insured: LIM YEN HUI , ID: S7806428E	
Main Claimant: COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R	
Vehicle Reg. No.: SHA4547M	Date of Loss: 02/02/2019 09:00 - :59
Claim Type: TP / CMTD1900717	Policy/Cover Note No.: D18MTPV01016456 (Comprehensive)
Vehicle Reg. No. (Insured): SLS8935H	Policy No. (Claimant):
	Excess:
Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300	
Handling Insurer: Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217]	
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 18/02/2019]	
Driver/Custodian (Insured): HOOI YEEN YEEN () , NRIC: S7803630C, Tel: +6593828828	
Adj Asg. Remarks: PIC: JUMANI BIN MASUDIN HP 96355305 DID62148315	

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.									

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SHA4547M
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZRS051066
Chassis No.:	JTDKB3FU903559544
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	29 Jun 2017
First Registration Date:	29 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jun 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,500.00
COE Rebate Amount:	\$32,287.00
Total Rebate Amount:	\$36,037.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 12 Feb 2019

OK

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 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. 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	07/02/2019 08:44
Date Of Accident	02/02/2019 09:00
Exact Location Of Accident	BEDOK NORTH RD (SLIP RD) TWDS NEW UPP, CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4547M
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	OH KIM BENG
NRIC No	S1276286J
Date Of Birth	25/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83280798
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	629 #04-202 83280798
Postcode	670629
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 (including own vehicle) involved in the accident	2
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)

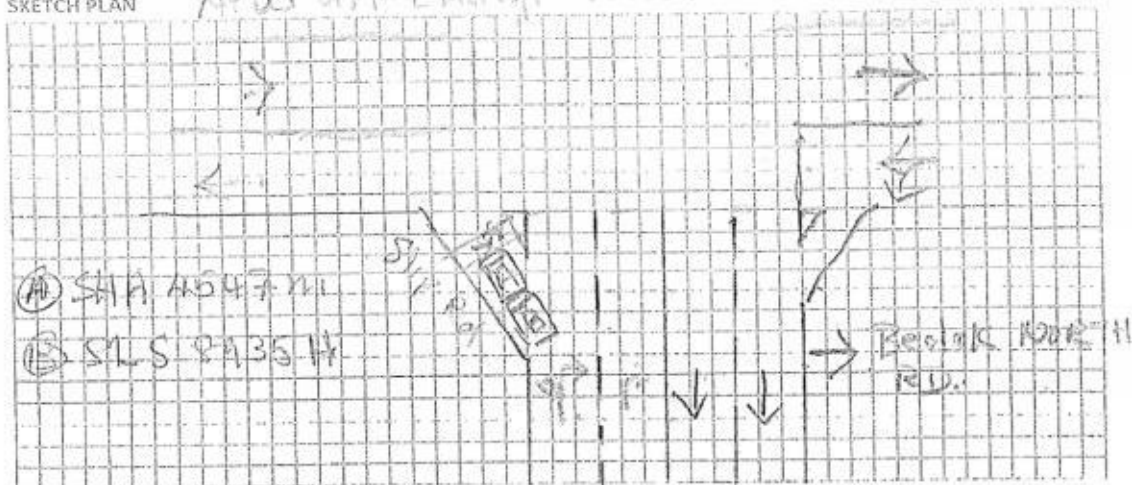
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS8935H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOOI YEEN YEEN
NRIC/Passport Number	S7803630C
Contact Number	93828828
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/02/2019 at about 0900 hrs, I Vehicle A
 was stop at bedok north road (ship road)
 toward New UPP Changi road when I stop
 at the ship road for pedestrian crossing, vehicle B
 came from behind collided into vehicle A rear
 portion. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE.
 Policyholder's Signature
 CO REG NO. 199103821R
 Date & Time

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

2/2/19
 Jackson Hong
 CSO
 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.

COMFORT TRANSPORTATION PTE LTD

CO REG NO 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

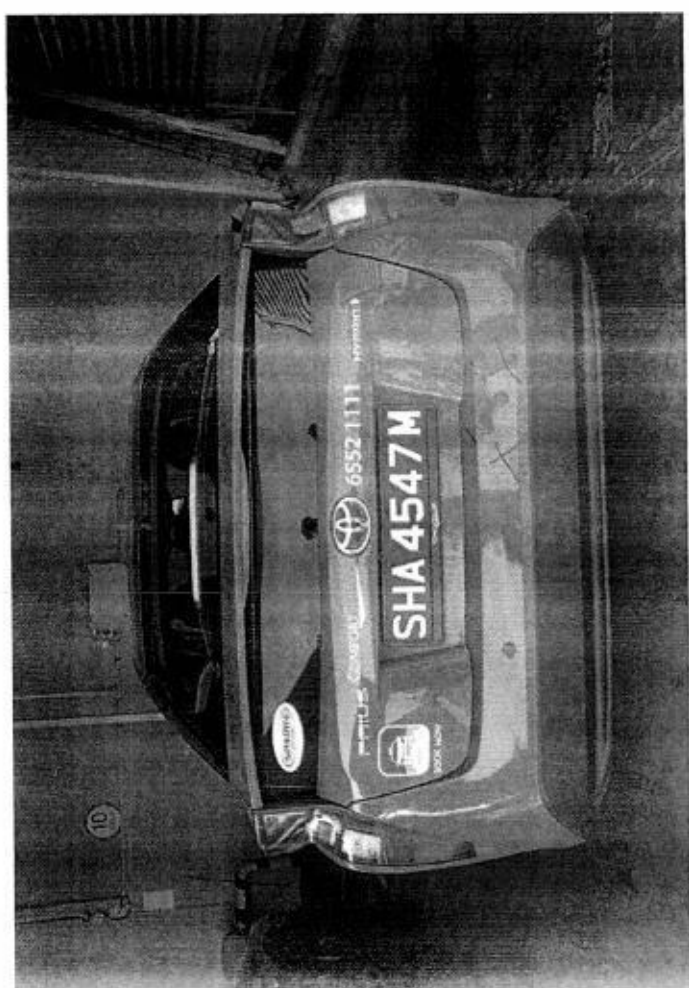
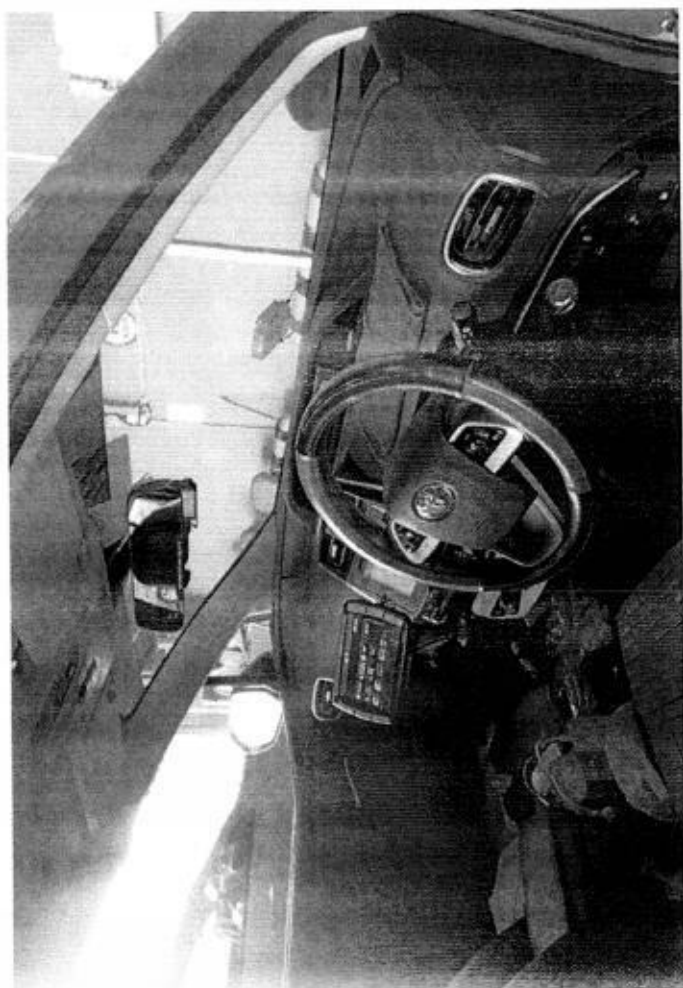
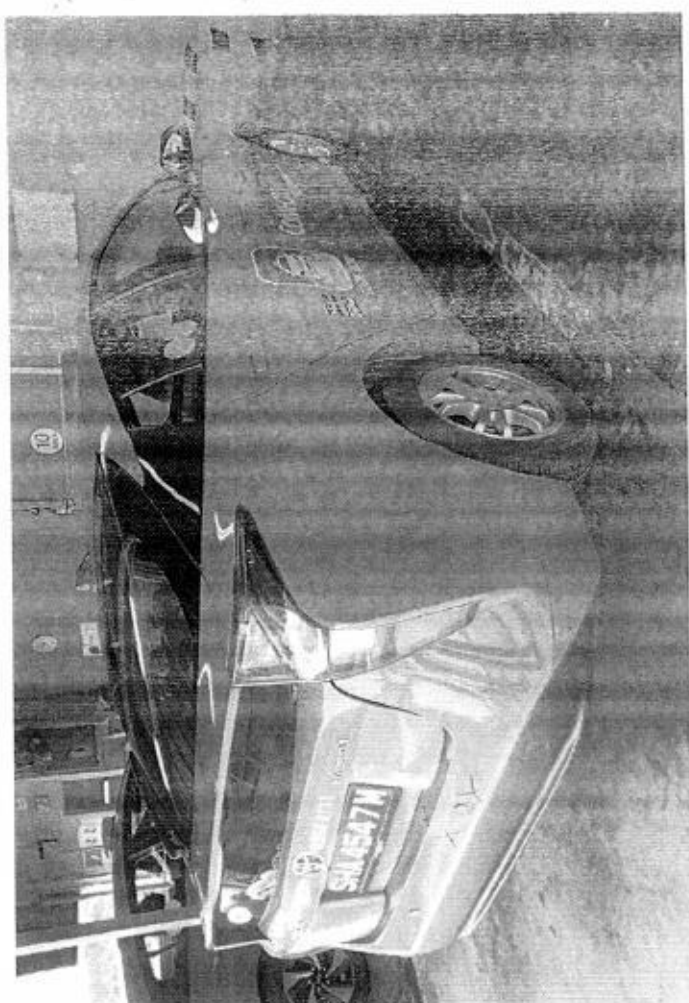
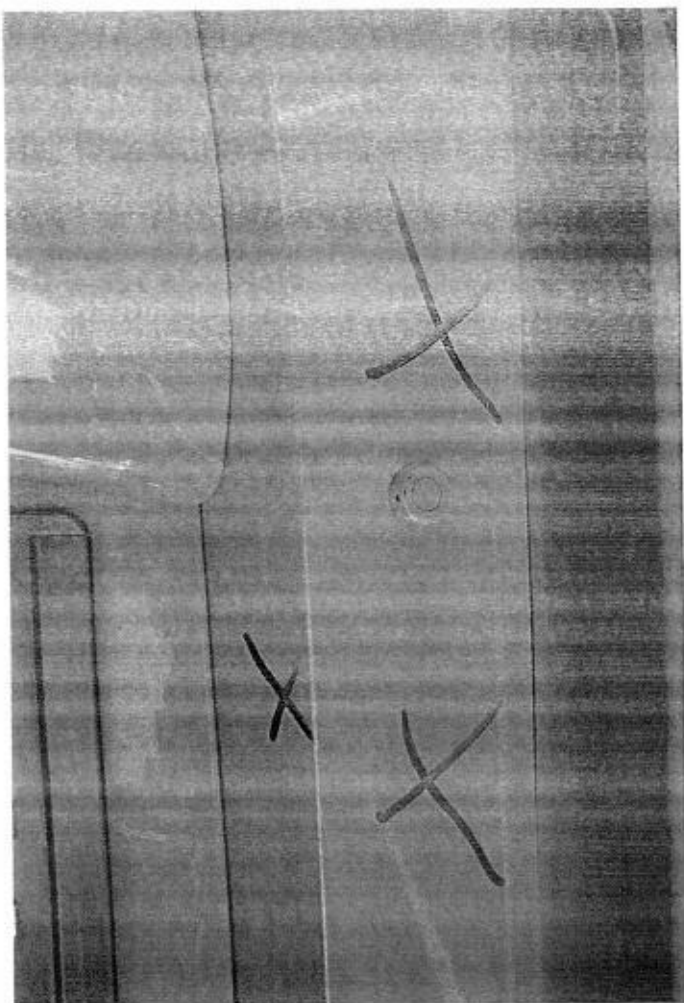
Date & Time:

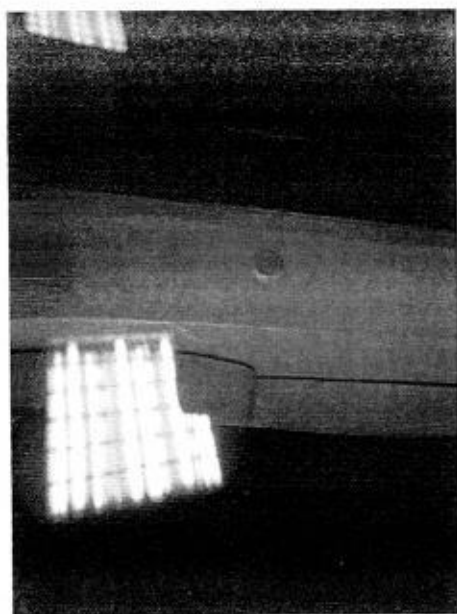
2/2/19
Jackson Hoon
CSO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305266271

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

MS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

COUNT CARD NO.

REGN NO.:

SHA4547M

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)07.02.2019 10:30

DATE/TIME IN

YR OF MANU.

29.06.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU903559544

COMPLETION DATE/TIME:

JOB DESCRIPTION

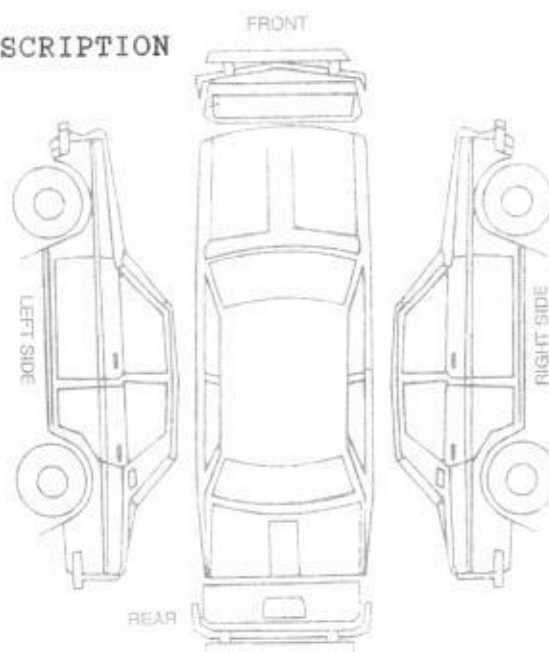
Accident Date: 02.02.2019

NATURE: 3P 02.02.19 -

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA4547M JU SOMPO

Vehicle No.: SHA4547M

Signature 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

REPAIR ESTIMATE

VEHICLE NO : SHA 4547M

7/2/2019 11:38

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ 458.60
REAR BUMPER SIDE RETAINER			\$ 112.70
REAR BUMPER CLIPS			\$ 22.00
SUB TOTAL			\$ 593.30
LESS 25%			\$ 148.33
DISCOUNTED TOTAL			\$ 444.98
REAR BUMPER REVERSE SENSOR			\$ 135.70
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: _____ Date: _____</p> </div>			
LABOUR CHARGE			
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 300.00
Wiring Charge			\$ 30.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 810.00
ESTIMATE TOTAL			\$ 1,390.68

NA2 LKK

7/2/19 1640

PIP

KPMR REPAIR (HOD)

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 09.02.2019

Time: 11:26:30

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 : 305266271
REGN NO : SHA4547M
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 29.06.2017
DATE/TIME IN : 07.02.2019 10:30
ACCIDENT DATE : 02.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING- REAR	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	50.00
SUB-TOTAL :		450.00
TOTAL :		450.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305266271
Date : 09/02/19

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

FINALIZATION FORM

To : LKK Fax :
Attn : NAZ
: SHA4547M Date of Accident : 02/02/19

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

1. The repair job shall bill to: SOMPO --- SLS8935H
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges ### \$450.00
Total for Part-By-Part Repair Cost \$450.00
 - (c) Lumpsum Repair (if applicable) N
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost _____
3. Estimated normal period for repairs: 3 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : NAZ
Name : NAZ LKK
Date : 19/2/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199507198R)

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/SMO19002212/NSD3N2

Date: 20/02/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPV01016456
Claimant Vehicle No :	SHA4547M	Insured Vehicle No :	SLS8935H
Date of Loss:	02/02/2019	Nature of Claim:	TP
		Claim No:	CMTD1900717

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA4547M	Engine No:	2ZRS051066
Make & Model:	TOYOTA PRIUS, 1.5 (A)	Chassis No:	JTDKB3FU903559544
Reg. Date:	29/06/2017 (Man. Year: 2017)	Odometer:	307388 km
Colour:	Blue		
Engine Capacity:	1798 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	West Lake 6 mm	Rear Left Side:	West Lake 6 mm
Front Right Side:	West Lake 6 mm	Rear Right Side:	West Lake 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	580.67	0.00	580.67	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	810.00	450.00	360.00	44.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	1,390.67	450.00	940.67	67.64
+ GST 7.00/7.00% (\$\$)	97.35	31.50	65.85	67.64
Nett Amount (\$\$)	1,488.02	481.50	1,006.52	67.64

INSPECTION

Date of Assignment:	07/02/2019	
Date Inspected:	07/02/2019 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days	

Adjuster: Muhammad Nazril Bin Abdullah

Manager: Hiew May Fung

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 Feb 2019)
Parts: 144	TOYOTA PRIUS 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA4547M)
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	Repair	458.60 FL	*- FL
2	1		*REAR BUMPER SIDE RETAINER	Not Necessary	112.70 FL	*- FL
3	1		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
4	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (\$\$)					729.00	0.00
- List Item Discount on L Items 25.00/25.00% (\$\$)					148.33	0.00
Total Parts (\$\$)					580.67	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	0.00
4	REMOVE / REFIX REVERSE SENSOR	New	80.00	50.00
Gross Labour Cost (\$\$)			810.00	450.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >