ASS. REC. BY SUNGUENT: I h N A From (Person		ASSIGN	MENT (Office) Marn Insuran		instruction:	2019 H.469.M
Estimated Co.	PRODUCTION OF THE PRODUCTION O		Bill to:		and Linge.	
To Inspect Ve	hicle No: SHA		V I-CS	Insured:	SM (44)	s K
of 59 loy	any brive	lgro Enginum	ing	Tel:	C214 8300	(62148315)
Policy No: h	11036科		Claim No:	m 19019	159	
Sum Insured:						
			Excess:		O.A. 23.3.	2019
Sum Insured: Make of Veh: (Client's Record CA / REV /	REP. / REV 24	HRS "wp" A.m Person Contacte	Excess:	D.	O.A. 23.3.	
Sum Insured: Make of Veh: (Client's Record CA / REV /	REP. / REV 24	A.m Person Contacte	Excess:	D.	O.A. 23.3.	
Sum Insured: Make of Veh: (Client's Record CA / REV / Date/Time	REP. / REV 24	A.m Person Contacte	Excess:	D.	O.A. 23.3. H.O.D. Endorsement:	
Sum Insured: Make of Veh: (Client's Record CA / REV / Date/Time	REP. / REV 24 3-17 9-46 Action/Instruction SHA 4503	A.m Person Contacte 1 Estimate (- NS//NC/86	Excess:	D.	O.A. 23.3.	
Sum Insured: Make of Veh: (Client's Record CA / REV / Date/Time	REP. / REV 24	A.m Person Contacte 1 Estimate (- NS//NC/86	Excess:	D.	O.A. 23.3. H.O.D. Endorsement:	
Sum Insured: Make of Veh: (Client's Record CA / REV / Date/Time	REP. / REV 24 3-17 9-46 Action/Instruction SHA 4503	A.m Person Contacte 1 Estimate (- NS//NC/86	Excess:	D.	O.A. 23.3. H.O.D. Endorsement:	
Sum Insured: Make of Veh: (Client's Record CA / REV / Date/Time	REP. / REV 24 3-17 9-46 Action/Instruction SHA 4503	A.m Person Contacte 1 Estimate (- NS//NC/86	Excess:	D.	O.A. 23.3. H.O.D. Endorsement:	

January 31

REF:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status		
Main	26 Mar 2019 09:33 Sendback Est	26 Mar 2019 09:40 \$\$2,899.30	26 Mar 2019 11:46 Assign				New Assignment Cancel Case		
	Main	Referen	nce	Claim Deta	ails	Documents	Show All		
CLAIM SU	BFOLDER DETAI	LS	A STATE OF THE PARTY OF T	Company of the Party of the Par	- Contract Contract	water Market State on	ever describe antico		
nsured:		COMFORT	TRANSPORTATIO	N PTE LTD, C	o. Reg. No.: 199303	3821R			
Main Claim	ant:	The second secon		Little and which in the proof of the second	o. Reg. No.: 19930				
Vehicle Re	g. No.:	SHA4583	н	Date of Lo	oss:		9 11:00 - :59 is From LTA Reg Date		
Claim Type	: :	TP / M190	TP / M1901959		Policy/Cover Note No.:		7 (Comprehensive) : 25/06/2018 - 19		
/ehicle Re	g. No. (Insured):	SMC443K		Policy No.	(Claimant):	MCOM00:	MCOM0015		
	10 00 00			Excess:		S\$0.00	A STATE OF THE STA		
Repairer:					ng) 59 Loyang Drive				
landling I	nsurer:	65926378]	ne Insurance Sin	gapore Ltd (HC	Q) - Tel: 6221 6111	[Handled by	Flona Gan Bee Song -		
Claimant's	Insurer:	India Inter	national Insuran	ce Pte Ltd (HQ) - Tel: 63476100				
Adjuster:		LKK Auto C	onsultants Pte L	td (HQ) - Tel: 6	256-3561 [Fina	I Rpt due 04/	04/2019]		
ASSOCIA	TED MAIL RECEIV	/ED				View All	Compose Case Mail		
There are i	no mail for this case								
E ALL ASS	OCIATED TASKS			SQ-prices	an y salasasa	is yo gasaanaas			
				View	All Search Task	s Create N	ew Task Complete		
Due Dat No results.		pe Task Group	Subject F	landler Ass	signed By Cor	mpleted On	Created On Done?		

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.

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.

By the lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/03/2019 07:55
Date Of Accident	23/03/2019 11:45
Exact Location Of Accident	ALONG BALMORAL RD TOWARDS STEVENS RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA4583H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer **PRIUS** Model

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?

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

NG LEE KIA Name of Driver S1317235H NRIC No 31/12/1958 Date Of Birth OUTDOOR Occupation 21/07/1981 Date Of Driving Pass

37 YEARS AND 8 MONTHS **Driving Experience**

Gender

MALE

Mobile Number

(LOCAL) +65-96622233

Fax Number

Contact Number

EMail Address

NGLEEKIA@HOTMAIL.COM

Address

466 14-1530 HOUGANG AVENUE 8

Postcode

530466

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

YES

Was any body injured in the Accident? 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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

.

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

MARINE PARADE NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 Vehicle Make/Model/Colour

SMC443K

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DAMIAN

NRIC/Passport Number

Contact Number

96686824

Address

Postcode

Insurance Company Name

Page 2 of 25

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NG LEE KIA

Approximate Age

60

Injuries Sustain

NECK, BACK

Injured person in which vehicle?

SHA4583H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

MDM TAN

Approximate Age

Injuries Sustain

HEAD PAIN

Injured person in which vehicle?

SHA4583H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

		51648	<i>√</i>	
SKC ETCH PLAN			HIMILI	
2 5 BHI	A4583H			173
BICMO	LARU I			20
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- HOV	Uph) HILL			
		HHHHH		
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DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	SINCE SECTION AND ADDRESS OF THE SECTION AD	BALMO	- Lat
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	Police REPE	DET ATTHORES)_ (.e)	1000
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	10015	070910		
				respection.
				12-1-25
			9	
				-
DECLARATION				
	particulars are true in every respect	Z.		\ /
	1.			
COMFORT TRANSPOR	Why was a second of the second		via Wendy)d

Sketch Plan Pg. 2





Date of Expiry:

Police Station Of Origin; Marine Parade N.P.C 300 Marine Parade Road SINGAPORE

Occupation:

Taxi driver

Tel No: 1800-4428999

1 of 4 Report No. T/20190324/2027

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 10:06	Made:	Vide Report No.:	Station Diary No.: 27	
Informa	nt's Partice	ulars			
Name of NG LEE	Informant: KIA		Address: APT BLK 466 HOUGA 530466	NG AVENUE 8 #14-1530 SINGAPORE	
ID Type NRIC NO	/ ID No.; D / S13172;	35H	Contact No.: Home/Office:	Mobile: 96622233	
National SINGAP	ty: ORE CITIZ	ΈN	Email:		
Sex: Male	Age: 60	Date of Birth: 31/12/1958	Type of Informant; Driver		
Race: Chinese			Language: English	Institution / School Name:	

Driving Licence Information:

Class: 3

Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 23/03/2019 11:45	Type of Location X-Junction
BALMORAL F STEVENS RO		ens road	P	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	5000000	Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Details of V	Details of Vehicle involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SHA4583H	taxi				Slightly Damaged	1	
SMC443K	Car		Por ON THE STATE OF THE		0.0000000000000000000000000000000000000	0	

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



Police Station Of Origin:

Marine Parade N.P.C 300 Marine Parade Road SINGAPORE

Report No. T/20190324/2027

Tel No: 1800-4428999

CONTINUATION OF REPORT

Name	NO LEGISLA		Service Services	alta ubelea	
1000000	NG LEE KIA	international designation	LID	No.	Louis
Related Vehicle	SHA4583H (taxi)		1.0	10.	S1317235H
	OTIA4503H (taxi)		Cor	ntact No	96622233
Hospital/Clinic	C&K Family Clinic				90022233
	Car Parmiy Glinic		Class of		Class 0
			Driv		Class: 3 Date of Expiry: NIL
Date Treatment	24/03/2010		Exp	ry Date	
No. of Days gran	tod Madicali	Date Dis	charge	24/0	3/2019
Driver	med Medical Leave 07	Degree o	of Injury	Sligh	
Name	The second secon	GARLES PRINCIPLES AND ASSESSED.	Marital Court	- angi	
ranio	DAMIAN	CANONINE DESIGNATION	THE PARTY OF		WAR BURNESS PROPERTY AND INC.
	DAMIAN		ID N	D.	NII
			ID N	D.	NIL
Related Vehicle	DAMIAN SMC443K (Car)			o. act No.	
Related Vehicle			Conta	act No.	NIL 96686824
Related Vehicle	SMC443K (Car)		Conta	act No.	96686824
Related Vehicle	SMC443K (Car)		Class Drivin Licence	of g	
Related Vehicle	SMC443K (Car) NIL		Class Drivin Licence Expire	of g	96686824 Class: NIL
Related Vehicle	SMC443K (Car) NIL	Date Discr Degree of	Class Drivin Licend Expiry	of g	96686824 Class: NIL

On 23/03/2019 at about 11am, while I was driving my taxi bearing registration number SHA4583H along the junction of Balmoral Road and Stevens Road, I was involved in a traffic accident with another car (SMC443K). During that time, I had one passenger (Mdm Tan, Hp no: 961616650) with me at the back of

Before the collision happened, my taxi was at the said location waiting for the lights to turn green. I would like to state that my intention was to go straight towards Henderson Road. When the lights turned green, I turned my steering wheel a bit to the right as I wanted to avoid the car in front and go straight to Henderson Road. All of a sudden, I felt an impact coming from the rear of my taxi.

I was surprised and I then realised that a car had hit the rear of my taxis I then make a check to my passenger and she told me that he was feeling some pains on his head. I then alighted from my taxi to a check. There was a dent on the center portion of my taxi rear bumper. I then exchanged particulars with the other driver. I wanted to call for the ambulance, however traffic was very heavy and I was unable to do so. The passenger told me that she will be going to see the doctor to check for her injuries.

On 24/03/2019, I went to the clinic to see the doctor as I felt some pains on the back of my neck and also





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

4 of 4 Report No. T/20190324/2027

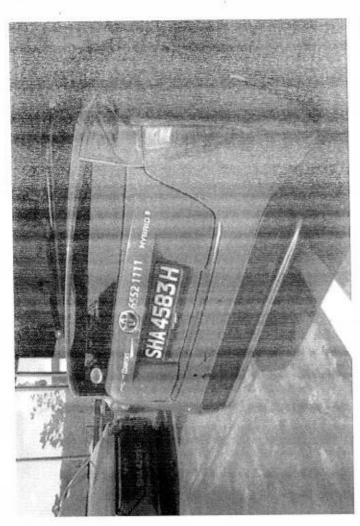
Tel No: 1800-4428999

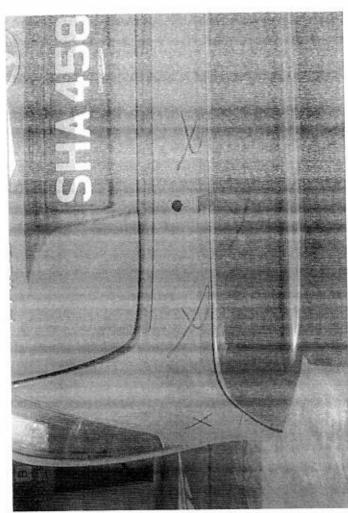
CONTINUATION OF REPORT

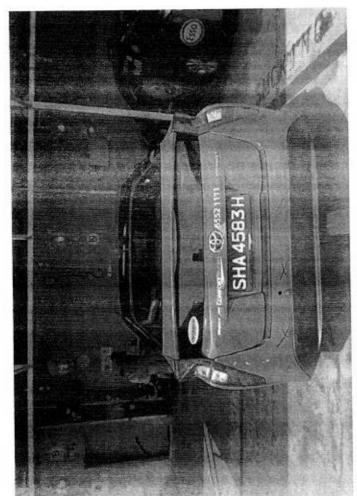
Sketch Plan

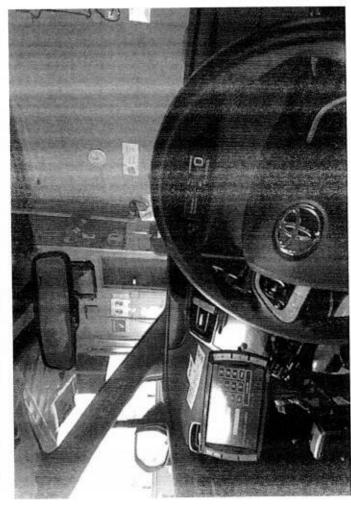
Informant is not able to provide sketch plan

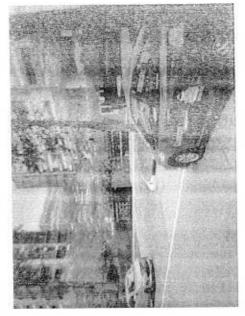
the certificate with you now, please fax a copy to Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt MUHAMMAD FARHAN BIN SAFARUAN	11 0 2
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2019 10:06
Officer In Charge Of Case:	City 15
Sr Staff-Sgt-MOHAMAD ZULFAZDETBIN	Classification Of Case:
Authentication Stamp	*

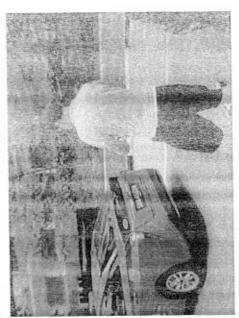




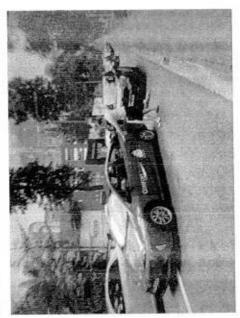






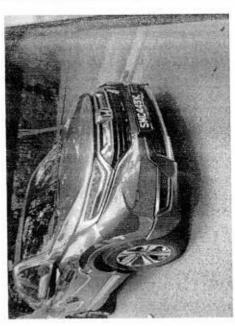


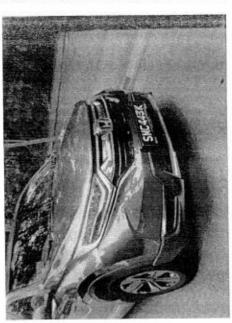












COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO

: SHA4583H

: TOYOTA

DATE:

25. Mar. 2019

MAKE TOKIO 23. Mar. 2019 DOA: : PRIUS MODEL Amount **Unit Price** Parts Description/ Labour Type Qty \$458.60 1 Rear Bumper \$318.80 1 Rear Bumper Beam V \$143.40 1 Rear Bumper Sponge X *1 \$2.20 \$22.00 10 Rear Bumper Clips 1 Rear Bumper Undercover \$552.60 \$602.10 1 Rear End Panel Rear Spare Tyre Panel 🗶 🚾 \$667.70 \$225.40 \$112.70 2 Rear Bumper Side Retainer * 5 ** \$1,163.40 1 Rear Exhaust x su \$4,154.00 **SUB TOTAL** LESS 200 25/ \$830.80 \$3,323.20 DISCOUNTED TÓTAL ants hence notify \$135.70 Nett 1 Reverse Sensor \$50.00 Nett 1 Rear Bumper Rubber Mat \$185.70 Kalitan **Labour Charge** \$500.00 1 Panel Beating \$300.00 20 1 Spray Painting Charge \$80,00 1 Remove/refix reverse sensor \$80,000 1 Tuff Kote \$120.00 > ~ 1 Remove/refix Rear Exhaust TOTAL LABOUR \$1,080.00 Faul Ma \$4,588.90 **ESTIMATE TOTAL** 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

COMFORTDELCRO

Date/Time: 25.03.2019 09:52

REGN NO: SHA4583H

Page : 1

ŭΕ

Team:

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

MAKE

MODEL

305280487

COMFORT TRANSPORTATION PTE LTD

7010045 STOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

CHASSIS COMPLETION DATE/TIME

PRIUS HYBRID(G4)23.03.2019 13:05

YR OF MANUA 3.12.2016

TOYOTA

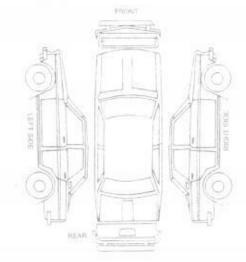
E.....F

Accident Date: 23.03.2019 NATURE: 3P 23.03.2019

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

CUSTOMER'S SIGNATURE

iowledgement Slip

SHA4583H

LARRY

Fath Ma

a returned to Service Reception upon collection

e of Service Advisor

Signature/Date

Name of Service Advisor

Exit Pass

Vehicle No.:

To be kept by Security Guard

SHA4583H

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

59 Loyang Drive Singapore 508969 Tel: 6214 8300

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer:

India International Insurance Pte Ltd

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

23/03/2019

Policy No:

SHA4583H

Date of Loss: Driveable?

YES

Vehicle Reg. No.: Party At Fault:

UNKNOWN

Driver (TP): NG LEE KIA

Make/Model:

TOYOTA PRIUS, 1.8 HYBRID CVT

Vehicle Reg. Date:

23/12/2016

Vehicle Colour:

(A) BLUE

Gen Condition:

GOOD

Engine No:

2ZRR971576

Chassis No:

JTDKB3FU403539136

Odometer:

357439 KM

Paint Type:

List Item Discount:

20.00 %

Total Loss?

NO 3

Est. Duration of Repair

(day)

Description of

Accident/Loss

SEE POLICE REPORT.

Present Location:

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
Parts		1,929.30
Miscellaneous Items		10.00
Labour		960.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	2,899.30
	+ GST 7.00% (S\$)	202.95
	Nett Amount (S\$)	3,102.25

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 26 Mar 2019)

Parts:

144

TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Validity:

Print Code: ComfortDelGro Engineering Pte Ltd/SHA4583H/26/03/2019 09:40 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

Qty	Part No.	Particulars	%Disc	%Depr	Amount
1		*REAR BUMPER	20.00	0.00	*458.60 FL CCO
1		*REAR BUMPER BEAM	20.00	0.00	*318.80 FLBent
10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL nec
1		*REAR BUMPER UNDERCOVER	20.00	0.00	*552.60 FL (10)
1		*REAR END PANEL	20.00	0.00	*602.10 FL SVC
2		*REAR BUMPER SIDE RETIANER - LH/RH	20.00	0.00	*225.40 FL 546
1		*REVERSE SENSOR	0	0.00	*135.70 FS Short
1		*REAR BUMPER RUBBER MAT	0	0.00	*50.00 FS 186
nchise	part. S=SpcNet	t. L=ListItemDisc.			
		Sub Total (S\$)			2,365.20
		- List Item Discount on L Items (S\$)			435.90
		Total Parts (S\$)			1,929.30
	1 1 10 1 1 2 1	1 1 2 1 1	1 *REAR BUMPER BEAM 10 *REAR BUMPER CLIPS 1 *REAR BUMPER UNDERCOVER 1 *REAR BUMPER SIDE RETIANER - LH/RH 2 *REAR BUMPER SIDE RETIANER - LH/RH 1 *REVERSE SENSOR 1 *REAR BUMPER RUBBER MAT 1 *REAR BUMPER RUBBER MAT 1 *Chise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$) - List Item Discount on L Items (S\$)	1 *REAR BUMPER BEAM 20.00 1 *REAR BUMPER BEAM 20.00 10 *REAR BUMPER CLIPS 20.00 1 *REAR BUMPER UNDERCOVER 20.00 1 *REAR END PANEL 20.00 2 *REAR BUMPER SIDE RETIANER - LH/RH 20.00 1 *REVERSE SENSOR 0 1 *REAR BUMPER RUBBER MAT 0 1 *Chise part. S=SpcNett. L=ListItemDisc. Sub Total (\$\$) - List Item Discount on L Items (\$\$)	1

ComfortDelGro Engineering Pte Ltd/SHA4583H/26/03/2019 09:40. Not valid without Reference section. Generated using Merimen e-Claims IEAS

	Amount
	10.00
Sub Total (S\$)	10.00
	Sub Total (S\$)

No	timates on Labour Particulars	Lab.Type	Amount	
Lab	our Items	apper (VA)	500 do 1	200
1	PANEL BEATING	New	500,00	
2	SPRAY PAINTING	New	300.00	200
3	REMOVE/REFIX REVERSE SENSOR	New	80.08	7.00
4	TUFF KOTE	New	80.00	nn
		Gross Labour Cost (S\$)	960.00	

ComfortDelGro Engineering Pte Ltd/SHA4583H/26/03/2019 09:40. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.03.2019 Time: 10:13:45

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : 305280487 SHA4583H

MILEAGE MAKE

0000000000

MODEL

TOYOTA

DATE OF REGN

: PRIUS HYBRID(G4)

DATE/TIME IN

: 23.12.2016 23.03.2019 13:05

ACCIDENT DATE : 23.03.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

0002 04-01-0302-2267-G PRIVC BUMPER PIECE

22.00 25.00 16.50 10

0003 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY

1 135.70 135.70

0004 04-01-0302-1150-G PRIG4 BUMPER PROTECTOR MA

1 50.00

50.00

0005 04-01-0302-2282-G PRIG4 COVER REAR BUMPER 1 458.60 25.00 343.95

0006 04-01-0302-2288-G PRIG4 REINFORCEMENT SUB-A 1 318.80 25.00 239.10

SUB-TOTAL : 1,199.70

JOB NATURE

PANEL BEATING 0000 PB

200.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

200.00

0002 L

REMOVE/REFIX REVERSE SENSOR

30.00

0003 L

MERIMEN FEE

10.00

SUB-TOTAL: 440.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.03.2019 Time: 10:13:45

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO
REGN NO
SHA4583H
MILEAGE
MAKE
TOYOTA
PRIUS HYBRID(C
23,12,2016

DATE OF REGN : 23.12.2016 DATE/TIME IN : 23.03.2019 13:05

ACCIDENT DATE : 23.03.2019

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,639.70

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

DATE:

SURVEYOR NAME & SIGNATURE

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305280487

ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

Date : 26. Mar. 2019					59 Loya	DelGro Engineering Pte Ltd ng Drive Singapore 508969 46 8156	
FINA	LIZATI	ON FORM				1 82. 00	100100
То		LK	K			Fax:	
Attn	4	KAI	LVIN				
Vehic	cle Reg	No. : SHA458	3H		Date	of Accident:	23. Mar. 2019
The s	survey	and estimates of the	repairs of the	above-me	ntioned	vehicle are as	follows:-
١.		repair job shall bill to:		токіо			SMC443K
2.	The f	finalized amount shal	l be:				
	(a)	Spare Parts after L	ist discount				\$1,199.70
	(b)	Labour Charges					\$440.00
	(3.57)	Total for Part-By-F	Part Repair (Cost			\$1,639.70
	(c.)	Lumpsum Repair (i Total for Lumpsum Final Lumpsum R	repair cost a	fter Less:			
3.		nated normal period t					
4.		shall treat the above in 7 working days	amount as	Correct an	d Confi	rmed if there i	s no reply from you
5.	Thar	nk you for your assist	ance.		10715.0	confirm the es	stimates and
	Sign	Same sure		<u></u>	0.00	nature :	Kalm
	Tel	an Alarananaan			Da	te :	27/3/19
	Fax						
For	Officia	I Use Only					
		Item	Amount	Att	ument ached s or No	Confirm By (Signature)	Remarks
1. F	Rental	Rate P/Day			YES		
2. 1	Loss of	Income Paid					
3. 5	Survey	Fees					
5. 1	Medica	earch Fee I Fees (on behalf er, if applicable)					
	Ougeru						

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/TMI19005440/K1SD3N2

Date:

01/04/2019

REFERENCE

Handling Insurer:

Tokio Marine Insurance Singapore Ltd

Policy No:

MT103677

Claimant

SHA4583H

Insured Vehicle No:

SMC443K

Vehicle No: Date of Loss:

23/03/2019

Nature of Claim:

TP

Claim No: M1901959

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Price:

SHA4583H

Make & Model:

TOYOTA PRIUS, 1.8 HYBRID CVT (A)

Engine No: Chassis No: 2ZRR971576

Reg. Date: Colour:

23/12/2016 (Man. Year: 2016) Blue

Odometer:

JTDKB3FU403539136 357439 km

Engine Capacity:

1798 cc

Market Value/New Car

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good Steering (Serviceable):

Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes Good

Handbrake (Serviceable):

CONDITION OF TYRES Front Tyre Size:

195/65R15

Yes

Rear Tyre Size:

195/65R15

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	1,929.30	1,199.70	729.60	37.82
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	960.00	430.00	530.00	55.21
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,899.30	1,639.70	1,259.60	43.44
+ GST 7.00/7.00% (S\$)	202.95	114.78	88.17	43.44
Nett Amount (S\$)	3,102.25	1,754.48	1,347.77	43.44

INSPECTION

Date of Assignment:

26/03/2019 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

25/03/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: 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: 01 Apr 2019)

Parts: 144 TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SHA4583H)

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 *.

Recom	mended	Parts
I COOII	IIIIOIIGOG	1 01.00

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Cracked	458.60 FL	*458.60 FL
2	1		*REAR BUMPER BEAM	Bent	318.80 FL	*318.80 FL
3	10		*REAR BUMPER CLIPS *REAR BUMPER UNDERCOVER	Necessary Cracked	22.00 FL 552.60 FL	*22.00 FL *552.60 FL
5	1 2		*REAR END PANEL *REAR BUMPER SIDE RETIANER - LH/RH	Serviceable Serviceable	602.10 FL 225.40 FL	*- FL *- FL
7	1		*REVERSE SENSOR *REAR BUMPER RUBBER MAT	Shorted Necessary	135.70 FS 50.00 FS	*135.70 FS *50.00 FS
	anchise	part. S=SpcN	lett. L=ListItemDisc List Item Discount on L Items	Sub Total (S\$) 20.00/25.00% (S\$)	2,365.20 435.90	1,537.70 338.00
				Total Parts (S\$)	1,929.30	1,199.70

Report was unsubmitted during this print-out.

No No	commended Miscellaneous Ite Qty Particulars	SITIO	Repairer's	Amount
Misc	ellaneous Items 1 OD/TP Case (Insurer)		10.00	10.00
		Sub Total (S\$)	10.00	10.00
Re	commended Labour	Lab Tuna	Repairer's	Amount
No	Particulars	Lab.Type	Repairers	Amount
Labo	our Items			404/2022
1	PANEL BEATING	New	500.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
3	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
4	TUFF KOTE	New	80.00	0.00
		Gross Labour Cost (S\$)	960.00	430.00
2	Report was	unsubmitted during this print-out.		

< END OF ESTIMATES >