

Surveyor: Kelvin

REF: CC3/7m/1900617/1/15d3A2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ 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: SH 8377 T Yr Regn: 10 Aug, 2017
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Tr / Prime Mover /
 Truck / Trailer or _____
 Make: Loyale Prima cc 1790
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 247540 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: J7DKB3F9003563093
 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 Davanti - Front Wheel - Run
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 4/4/19 D.O.I. 5/4/19

Survey held at CDHE (Loyang)

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

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH 8377 T - CC/PCI 17001824, 2962 D.O.A - 23/11/2017 To KTO
	SLC 192217 - X P/P
10/4/19	W/and P/P \$1464.95 / 20% (@ 1.716.92 Red - 54%)

RECEIVED 10 APR 2019

Date/Time, File Pass to? : Prell. Report

1) 10/04/19 : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum (L.B.): \$ 1,464.95 P/P

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

250
10
260

member of COMFORTDELGRO

Date/Time: 05.04.2019 14:22 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305284823

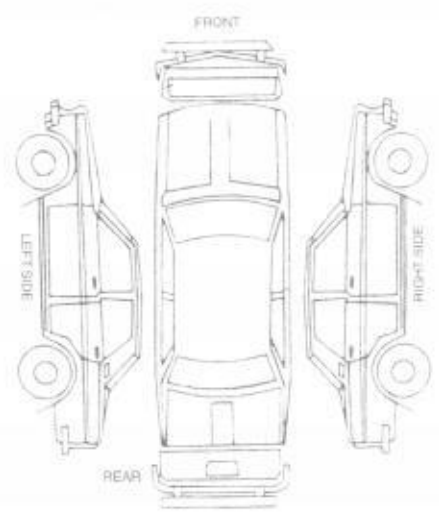
OMER IS OMER NO. :ESS (R) (P) OMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SH 8377T	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4)	DATE/TIME IN 05.04.2019 11:00
	YR OF MANU: 10.08.2017	TARGET DATE
	CHASSIS CODE: JTDKB3FU003563093	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 04.04.2019
 NATURE: 3P 04.04.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

No.: SH 8377T LIMITS

Vehicle No.: SH 8377T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Monday, 8 April 2019 2:25 PM
To: 'Motor Claims'
Cc: 'SUR'
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD - DOA: 04/04/2019 , SH 8377T (TP), SLC 1922A (OI)
Attachments: TP GIA REPORT.pdf; ESTIMATE.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SH 8377T on 05/04/2019 at M/s: ComfortDelGro Engineering Pte Ltd.

Enclosed herewith a copy of TP's GIA report and workshop Estimate.

Meanwhile, kindly create claims in Merimen for our necessary action.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	05/04/2019 13:38
Date Of Accident	04/04/2019 18:20
Exact Location Of Accident	CROSS ST TWDS NEW BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8377T
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	MUHAMMAD FIRDAUS BIN ISMAIL
NRIC No	S8235985J
Date Of Birth	04/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93384394
Fax Number	
Contact Number	
EMail Address	BIRDHOUSE67@HOTMAIL.COM

Address BLK 37 CIRCUIT ROAD #13-449
 Postcode 370037
 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? 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) 3
 Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : FEMALE

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

PLS 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 SLC1922A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN HUIMING
 NRIC/Passport Number S8124438C
 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	MUHAMMAD FIRDAUS BIN ISMAIL
Approximate Age	37
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SH8377T
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.
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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. 192207321R

Policyholder's Signature
Date & Time:

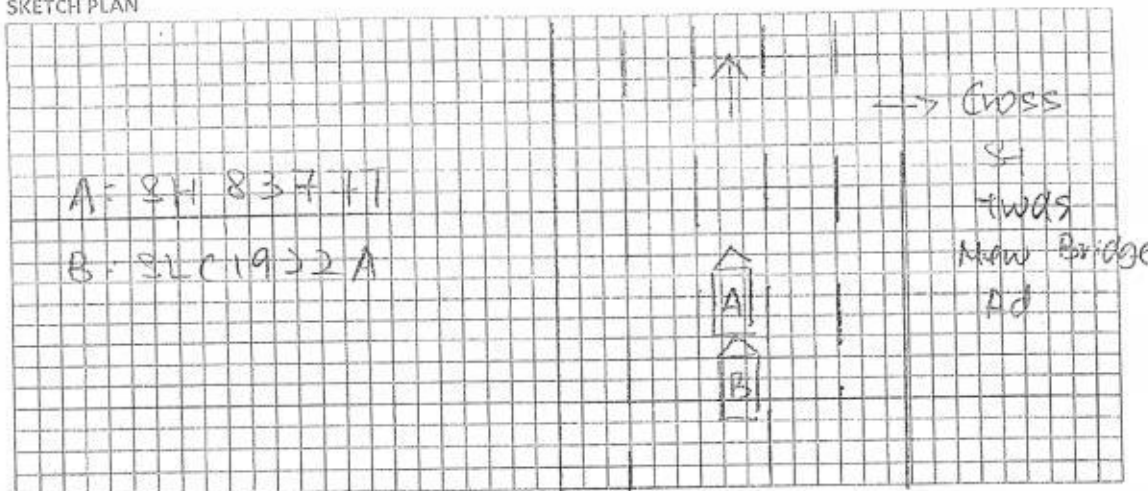
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 514119
NRIC/FIN No.:

Loke Wei Yeng

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 4/4/19 at about 18:30 hrs. I was driving straight at above said location with a couple pax. Shortly veh in front braked to stopped and I follow suit. A split second later, I felt an impact from behind followed by a jerk. I went down to have a check and found veh B it front portion collided onto the rear portion of my taxi. - I suffered pain on neck after that, will consult doctor later on.


DECLARATION

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

CUMFORD TRANSPORTATION PTE LTD
 CO REG NO: 10220321B

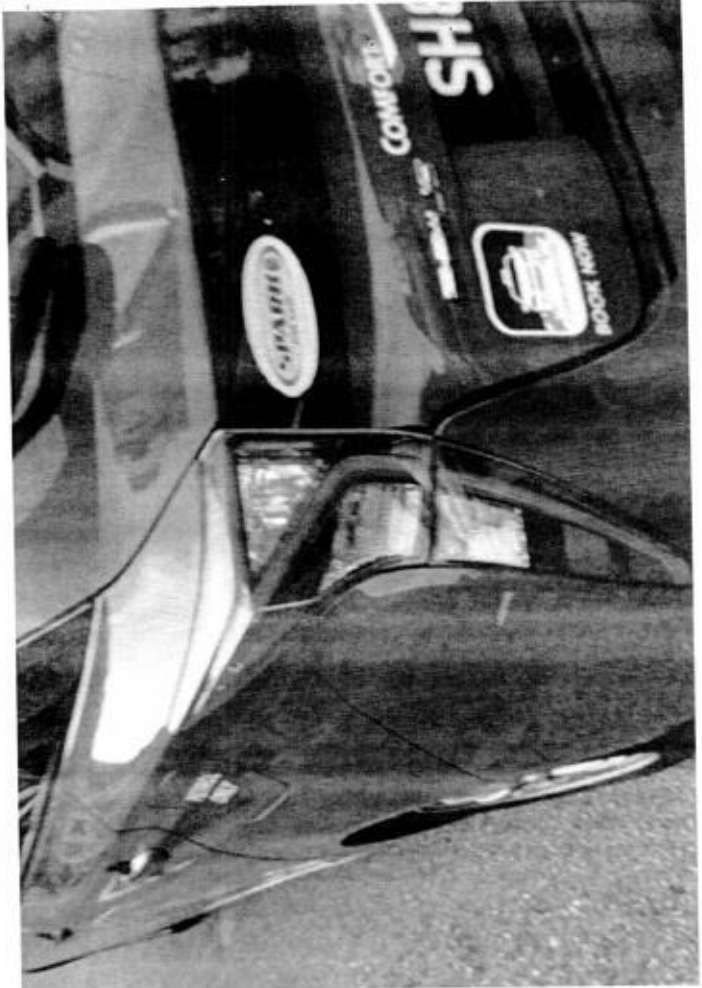
Policyholder's Signature
 Date & Time:

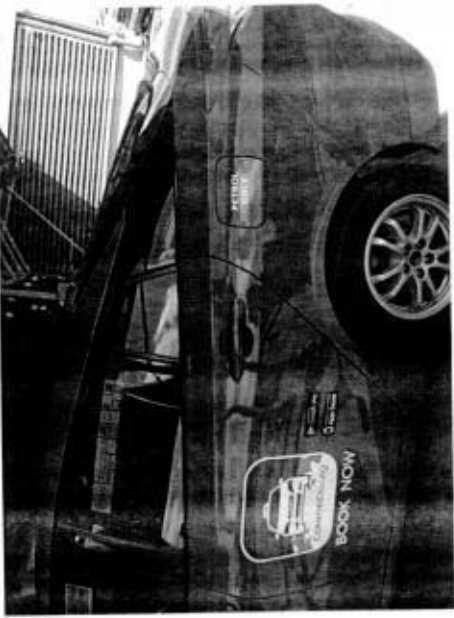
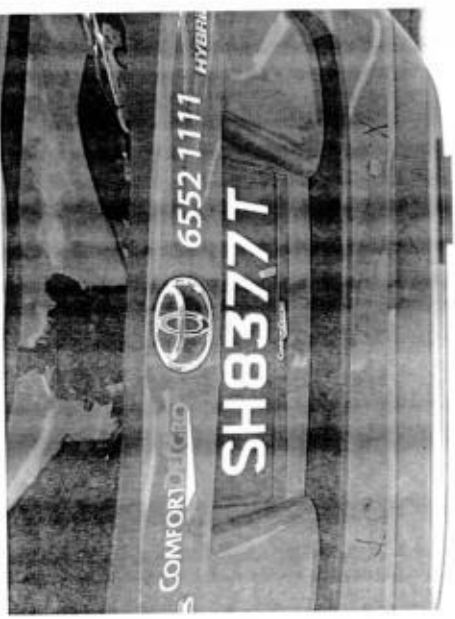
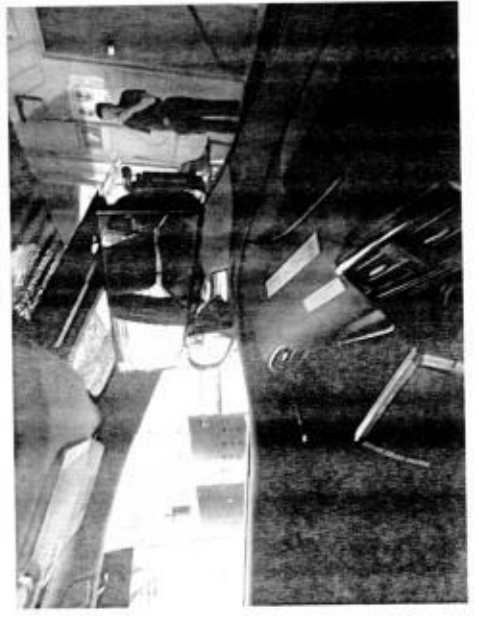
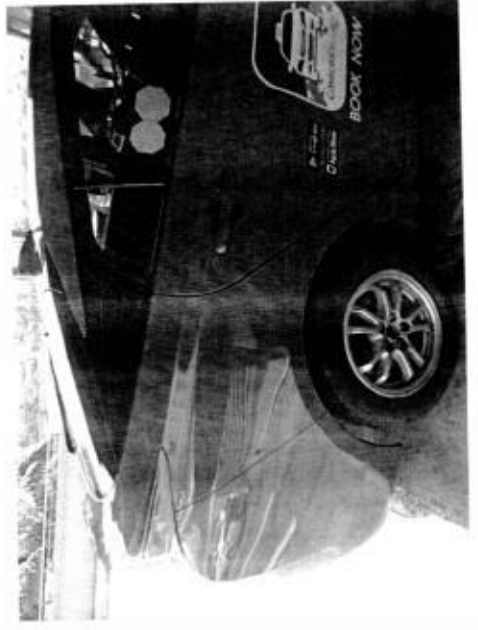

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

Loke Wei Yieng

5/4/19





Front - Paranti
Rear - Westlake

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2019

Time: 14:33:55

REPAIR ESTIMATE

Tokio Marine
CP/P)

Page: 1

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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 : 305284823
REGN NO : SH 8377T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 10.08.2017
DATE/TIME IN : 05.04.2019 11:00
ACCIDENT DATE : 04.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS
1		458.60	25.00	343.95	X repair
1		552.60	25.00	414.45	— Return
10		22.00	25.00	16.50	— ne
1		889.70	25.00	667.27	X repair
1		52.40	25.00	39.30	— ne
1		60.80	25.00	45.60	— ne
1		30.00	2.50	30.00	— ne
1		30.00	0.25	30.00	— ne
1		40.00	0.03	40.00	— ne
1		135.70	0.00	135.70	X sn
1		50.00	0.00	50.00	X sn

SUB-TOTAL : 1,812.77

JOB NATURE

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 : 305284823
 REGN NO : SH 8377T
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 10.08.2017
 DATE/TIME IN : 05.04.2019 11:00
 ACCIDENT DATE : 04.04.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 PB PANEL BEATING	500				500.00 200
0001 SP SPRAYPAINT CHARGE	500				500.00 400
0002 L R/I REVERSE SENSOR	120				120.00 X 12
0003 20-05 TP MERIMEN	10				10.00 —

SUB-TOTAL : 1,130.00

TOTAL : 2,942.77

Limf

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE : *3181.87*

Kalvin LKKK

M

5/4/19 1510hrs.

2 Pys

PIP

After Repair photo

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 (items) must be resurveyed and is subject to final approval from Insurance

Acknowledged by Repairer
 Signature:
 Date:

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

(SUPPLEMENTARY)

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	04/04/2019
Vehicle Reg. No.:	SH8377T	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Vehicle Reg. Date:	10/08/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS060744	Chassis No:	JTDKB3FU003563093
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	239.10
Miscellaneous Items	0.00
Labour	0.00
Paintwork Labour	0.00
Towing	0.00
	Gross Total (S\$) 239.10
	+ GST 7.00% (S\$) 16.74
	Nett Amount (S\$) 255.84
	+ Previous Estimates (S\$) 3,148.76
	Claim Total (S\$) 3,404.60

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 06 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: **ComfortDelGro Engineering Pte Ltd/SH8377T/06/04/2019 10:51**
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 REINFORCEMENT <i>Be-1</i>	25.00	0.00	*318.80 FL
Sub Total (S\$)						318.80
- List Item Discount on L Items (S\$)						79.70
Total Parts (S\$)						239.10

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SH8377T/06/04/2019 10:51. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

There are no labour items selected.

ComfortDelGro Engineering Pte Ltd/SH8377T/06/04/2019 10:51. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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

JOB NO : 305284823
 REGN NO : SH 8377T
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 10.08.2017
 DATE/TIME IN : 05.04.2019 11:00
 ACCIDENT DATE : 04.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0302-2287-G	REAR BUMPER CENTER-BLACK	1	552.60 25.00 414.45
0002	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00 25.00 16.50
0003	04-01-0302-2270-G	BOOTLID (HYBRID S)	1	52.40 25.00 39.30
0004	04-01-0302-2271-G	BOOTLID (PRIUS)	1	60.80 25.00 45.60
0005	28-01-0302-2015-A	BOOTLID (COMFORTDELGRO)	1	30.00 30.00
0006	28-01-0302-0006-A	BOOTLID (65521111)	1	30.00 30.00
0007	28-01-0302-2013-A	BOOTLID (APPS STICKER)	1	40.00 40.00
0008	04-01-0302-2288-G	REAR BUMPER REINFORCEMENT	1	318.80 25.00 239.10
				SUB-TOTAL : 854.95

JOB NATURE

0000	PB	PANEL BEATING	200.00
0001	SP	SPRAYPAINT CHARGE	400.00
0002	20-05	TP MERIMEN	10.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.04.2019

Time: 08:24:28

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305284823
REGN NO : SH 8377T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 10.08.2017
DATE/TIME IN : 05.04.2019 11:00
ACCIDENT DATE : 04.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 610.00

TOTAL : 1,464.95


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305284823
Date : 09/04/19

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SH 8377T Date of Accident : 04-Apr-19

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

1. The repair job shall bill to: TOKIO MARINE --- SLC1922A
2. The finalized amount shall be:

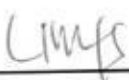
(a) Spare Parts after List discount	\$854.95
(b) Labour Charges	\$610.00
Total for Part-By-Part Repair Cost	\$1,464.95
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
Final Lumpsum Repair cost	_____


3. Estimated normal period for repairs: 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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 10/4/19

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		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: CC3/TMI19006117/K1SD3N2
Date: 15/04/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000342
Claimant Vehicle No :	SH8377T	Insured Vehicle No :	SLC1922A
Date of Loss:	04/04/2019	Nature of Claim:	TP
		Claim No:	M1902402

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH8377T	Engine No:	2ZRS060744
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FU003563093
Reg. Date:	10/08/2017 (Man. Year: 2017)	Odometer:	247540 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:	Davanti 6 mm	Rear Left Side:	West Lake 6 mm
Front Right Side:	Davanti 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	2,051.87	854.95	1,196.92	58.33
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,120.00	600.00	520.00	46.43
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,181.87	1,464.95	1,716.92	53.96
+ GST 7.00/7.00% (S\$)	222.73	102.55	120.18	53.96
Nett Amount (S\$)	3,404.60	1,567.50	1,837.10	53.96

INSPECTION

Date of Assignment:	09/04/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	05/04/2019	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: 15 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 SH8377T)
 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 CENTRE-BLACK	Deformed	552.60 FL	*552.60 FL	
3	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL	
4	1		*BOOTLID GARNISH	Repair	889.70 FL	*- FL	
5	1		*BOOTLID (HYBRID S)	Necessary	52.40 FL	*52.40 FL	
6	1		*BOOTLID (PRIUS)	Necessary	60.80 FL	*60.80 FL	
7	1		*BOOTLID (COMFORTDELGRO	Necessary	30.00 F	*30.00 FS	
8	1		*BOOTLID (65521111)	Necessary	30.00 F	*30.00 FS	
9	1		*BOOTLID (APPS STICKER)	Necessary	40.00 F	*40.00 FS	
10	1		*REVERSE SENSOR	Serviceable	135.70 F	*- FS	
11	1		*REAR BUMPER MAT	Not Necessary	50.00 F	*- FS	
Supplementary #1							
12	1		*REAR BUMPER REINFORCEMENT	Bent	318.80 FL	*318.80 FL	
					Sub Total (\$\$)	2,640.60	1,106.60
					- List Item Discount on L Items 25.00/25.00% (\$\$)	588.73	251.65
					Total Parts (\$\$)	2,051.87	854.95

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

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	500.00	200.00
2	SPRAY PAINTING	New	500.00	400.00
3	R/I REVERSE SENSOR	New	120.00	0.00
Gross Labour Cost (\$\$)			1,120.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >