

C317 ML 1000914 / 114396
GMI

Toufik

REF:

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop n/s _____
of _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Ball. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ 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: SMA 9101H Yr Mgn: 2017 April.
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Prius Hybrid. cc 1298
Colour: Yellow AC: Insured / Std / NI / NA
Sp. Reading: 35043. T/Rader: Insured / Std / NI / NA
Eng No: _____
C/Nr: 5TDKBSFU803078121
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / STRim / STD A/Rim or
Tyre Size: F: 195/65R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front 6 Rear 6
R/Bal 6 mm R/Bal 0 mm
L/Bal 6 mm L/Bal 0 mm
D.O.A. D.O.J 17/4/1923p
Survey held at: Confers Logg
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time
24/4/19

Action / Instruction

\$2259.14 2dgs
(Red: 509.18 : 18%)

email to Juman

9/5/2019

RECEIVED 10 MAY 2019

Date/Time, File Path to?

9/5 Typist

Date/Time, File Path to?

☐ : Prel. Report
☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Inv (\$)
☐ Weekend (\$)

Survey Fee:

Transportation:

5 x 115 = 575

Photos:

Other:

TOTAL

Report Format: TP

Lump Sum / I.B.E (\$ 2259.14

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	17 Apr 2019 14:27 Sendback Est	17 Apr 2019 14:32 S\$2,768.32	18 Apr 2019 11:24 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

Insured:	LUMENS AUTO PTE. LTD., Co. Reg. No.: 201426961K		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHA9101H	Date of Loss:	17/04/2019 07:00 - :59 [0 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1902717	Policy/Cover Note No.:	MJ001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019
Vehicle Reg. No. (Insured):	SJS4859U	Policy No. (Claimant):	
		Excess:	S\$2,000.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 30/04/2019]		

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.

Taufik

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	17/04/2019 12:09
Date Of Accident	17/04/2019 07:40
Exact Location Of Accident	PASIR RIS DRIVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9101H
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	NEO TIN SING
NRIC No	S1449891E
Date Of Birth	19/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	03/04/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96507597
Fax Number	
Contact Number	
EMail Address	NEO_TINSING@YAHOO.COM.SG

Address	203B 06-322 PUNGGOL FIELD
Postcode	822203
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES 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	SJS4859U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHEIK PARVEZ ZUNUAS BIN SHAIK RAHEEM
NRIC/Passport Number	S8038025I
Contact Number	97851111
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NEO TIN SING

Approximate Age 59

Injuries Sustain NECK,BACK

Injured person in which vehicle? SHA9101H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

Refer attachment

AJ SIM 9/21/11
B7875485961

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20190417/2043

DECLARATION

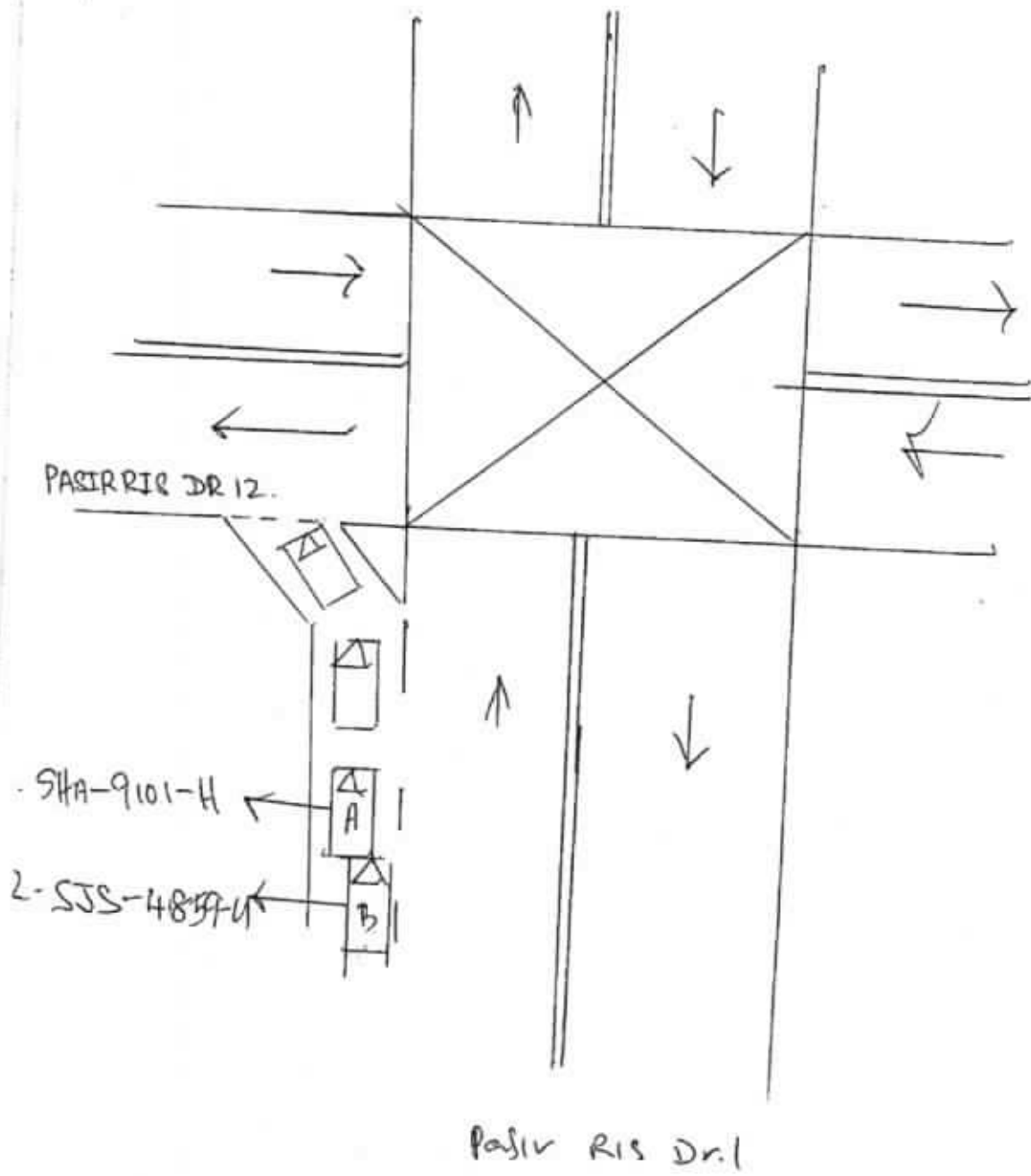
I/We declare the foregoing particulars are true in every respect.
CITYCAB PTE LTD
CO. REG. NO. 199502830r

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

BRM001...
CSO
17/4/19





**SINGAPORE
POLICE FORCE**



T/20190417/2043

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3

Report No. T/20190417/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

17/04/2019 10:47

Vide Report No.:

Station Diary No.:

47

Informant's Particulars

Name of Informant:

NEO TIN SING

Address:

APT BLK 203B PUNGGOL FIELD #06-322 SINGAPORE
822203

ID Type / ID No.:

NRIC NO / S1449891E

Contact No.:

Home/Office:

Mobile: 96507597

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

58

Date of Birth:

19/06/1960

Type of Informant:

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

Taxi driver

Driving Licence Information:

Class: 3

Date of Expiry:

General Information of the AccidentType of
Accident:Non-Injury
OthersDrink
Drive:
NoDate/Time of
Accident:
17/04/2019 07:40Type of Location:
Straight Road

Location:

Along Road 1

PASIR RIS DRIVE 1

Pasir Ris Dr 1 near to before filter lane towards Pasir Ris Dr 12

Weather:

Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

One Way

Traffic Control:
Not ControlledTraffic Volume:
Moderate

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHA9101H	Car				Slightly Damaged	1
SJS4859U	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190417/2043

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20190417/2043

CONTINUATION OF REPORT

Driver			
Name	NEO TIN SING		ID No.
Related Vehicle	SHA9101H (Car)		Contact No.
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date
Date Treatment	NIL		Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave	05	Date Discharge	NIL
Driver			Degree of Injury
Name	Sheik Parvez Zunuas Bin Shaik Raheem		ID No.
Related Vehicle	SJS4859U (Car)		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
Date Treatment	NIL		Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On the 17/04/2019 at about 0740hrs, I was traveling on my vehicle SHA9101H along Pasir Ris Dr 1. I came to a complete stop near the filter lane heading towards Pasir Ris Drive 12 and suddenly a vehicle hit onto me from the rear.

A vehicle, SJS4859U had hit onto the rear right portion of my vehicle. I came down from my vehicle to make a check, we took photos of each other's vehicle and exchange particulars and left the area as a jam was building up. I had one male passenger on board my vehicle at the point of accident, he left in another taxi as he was in a hurry. He was not injured, he had booked my taxi via call, my company might have his records. I have called my company to inform about the accident.

My taxi rear right bumper and mudguard was dislodged, there is also some dents on the rear right portion of my vehicle, and the right rear brake light is also cracked. I felt pain in my neck and back right after the accident. I went to seek medical assistance and was given 5 days of Medical Leave from 17/04/2019 to 21/04/2019.



**SINGAPORE
POLICE FORCE**



T/20190417/2043

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20190417/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

G /

Sgt 3 ANABELLE TEY SOO LIN

Signature Of Informant

Signature Of Interpreter:
Not applicableDate/Time:
17/04/2019 10:47

Officer in Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP188



SINGAPORE
POLICE FORCE

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.

CITYCAB PTE LTD
CO. REG. NO. 198502839G

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.:

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

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

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/04/2019
Vehicle Reg. No.:	SHA9101H	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS HYBRID, 1.8 (A) Vehicle Reg. Date: 17/04/2019		
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZR2B87829	Chassis No:	JTDKB3FU803078121
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,928.32
Miscellaneous Items	10.00
Labour	830.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,768.32
+ GST 7.00% (S\$)	193.78
Nett Amount (S\$)	2,962.10

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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:

Tan Jk 97495749
"ur"
17/4/19 @ 3pm
Resurvey before paint
02 days
surelkhant.com

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 17 Apr 2019)**Parts:** 144 TOYOTA PRIUS HYBRID 1.8 (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA9101H/17/04/2019 14:32**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 ASSY	25.00	0.00	de 458.60 FL
2	1		*REAR BUMPER REINFORCEMENT	25.00	0.00	8 318.90 FL
3	1		*REAR BUMPER UNDER COVER	25.00	0.00	int 552.60 FL
4	1		*REAR BUMPER SIDE RETAINER	25.00	0.00	de 112.70 FL
5	10		*REAR BUMPER CLIPS	25.00	0.00	de 22.00 FL
6	1		*TAILLAMP ASSY UPPER RH	25.00	0.00	9 557.90 FL Cng ✓
7	1		*TAILLAMP ASSY LOWER RH	25.00	0.00	Cng 548.40 FL

F=Franchise part, L=ListItemDisc

Sub Total (S\$) **2,571.10**- List Item Discount on L Items (S\$) **642.78**Total Parts (S\$) **1,928.32**

ComfortDelGro Engineering Pte Ltd/SHA9101H/17/04/2019 14:32. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	200 400.00
2	SPRAYPAINT	New	✓ 300.00
3	WIRING	New	30 50.00
4	REMOVE/REFIX REVERSE SENSOR	New	30 80.00
Gross Labour Cost (S\$)			830.00

ComfortDelGro Engineering Pte Ltd/SHA9101H/17/04/2019 14:32. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO

Date/Time: 17.04.2019 14:12

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305288163

JMER: CITYCAB PTE LTD
 JMER NO: 7010070
 ESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (P) 65551188 (Q)

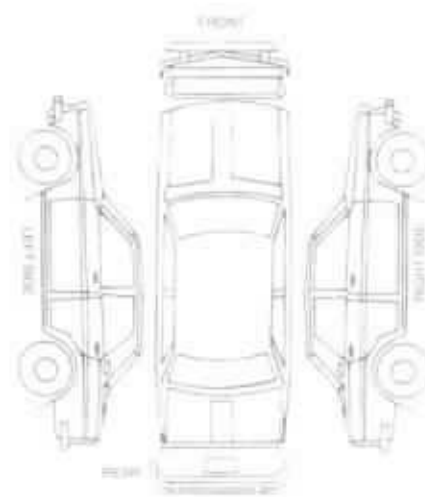
REGN NO.	SHA9101H	MILEAGE
MAKE	TOYOTA	FUEL E 1/2 F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 17.04.2019 11:25
YR OF MANU	09.01.2019	TARGET DATE
CHASSIS CODE	JTDKB3FU803078121	COMPLETION DATE/TIME

UNIT CARD NO:

JOB DESCRIPTION

Accident Date: 17.04.2019
 NATURE: 3P 17.04.19

S/NO LABOR CODE DESCRIPTION



<ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edgement Slip

Exit Pass

id: SHA9101H JU TOKIO LKK

Vehicle No: SHA9101H

Service Advisor

Signature/Date

Name of Service Advisor

Date

umed to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305288163
Date : 22/04/2019

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

FINALIZATION FORM


To : LKK Fax :
Attn : TAUFIQ
: SHA9101H Date of Accident : 17.04.19

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

1. The repair job shall bill to: TOKIO --- SJS4859U
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$1,689.14</u>
(b) Labour Charges	###	<u>\$270.00</u>
Total for Part-By-Part Repair Cost		<u>\$2,259.14</u>
N		
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u> </u>
Final Lumpsum Repair cost		<u> </u>

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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : _____
Name : _____
Date : _____

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 20.04.2019

Time: 12:10:54

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305288163
REGN NO : SHA9101H
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRJUS HYBRID(G4)
DATE OF REGN : 09.01.2019
DATE/TIME IN : 17.04.2019 11:25
ACCIDENT DATE : 17.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0002 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0003 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0004 04-01-0302-3837-G	PRIG4 RETAINER RR BUMPER	1	112.70	25.00	84.52
0005 04-01-0302-0795-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0006 04-01-0302-0585-G	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42

SUB-TOTAL : 1,689.14

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	300.00
0002 17-01	CHECK WIRING	30.00
0003 L	MERIMEN FEE	10.00
0004 L	REMOVE/REFIX REVERSE SENSOR	30.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 20.04.2019

Time: 12:10:54

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305288163
REGN NO : SHA9101H
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 09.01.2019
DATE/TIME IN : 17.04.2019 11:25
ACCIDENT DATE : 17.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 570.00

TOTAL : 2,259.14

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	17 Apr 2019 14:27	17 Apr 2019 14:32 S\$2,768.32	18 Apr 2019 11:24	S\$2,259.15	S\$2,259.15 View Rpt		Pending for Survey Report

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS									
Insured:	LUMENS AUTO PTE. LTD., Co. Reg. No.: 201426961K								
Main Claimant:	CCPL								
Vehicle Reg. No.:	SHA9101H	Date of Loss:	17/04/2019 07:00 - :59 [3 Months and 8 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1902717	Policy/Cover Note No.:	MJ001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019						
Vehicle Reg. No. (Insured):	SJ54859U	Policy No. (Claimant):							
		Excess:	S\$2,000.00						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Jeffrey Tay - 65926413]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 30/04/2019]								
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.									

Claim Documents

SHA9101H (M1902717)
 [SJS4859U]
 TP
 CCPL
 Apr 17 2019 7:00AM
 [LUMENS AUTO PTE. LTD.]
 ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View			View in Browser		
Assessment Reports									1 per page			<input checked="" type="checkbox"/>		
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)							Thumbnail			Print		
1	17/04/19 14:32	Repairer Estimates							1			Load HTML		
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)							Thumbnail			Print		
1	18/04/19 09:56	Accident Statement							1			Load HTML		
From: SC - Reg. No: SJS4859U, Claimant: LUMENS AUTO PTE LTD														
Photos/Images									3 per page			<input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)							Thumbnail			Print		
1	09/05/19 16:54	General View							1			Load JPG		
2	09/05/19 16:54	General View							1			Load JPG		
3	09/05/19 16:54	General View							1			Load JPG		
4	09/05/19 16:54	General View							1			Load JPG		
5	09/05/19 16:54	General View							1			Load JPG		
6	09/05/19 16:54	General View							1			Load JPG		
7	09/05/19 16:54	General View							1			Load JPG		
8	09/05/19 16:54	General View							1			Load JPG		
9	09/05/19 16:54	General View							1			Load JPG		
10	09/05/19 16:54	General View							1			Load JPG		
11	09/05/19 16:54	General View							1			Load JPG		
12	09/05/19 16:54	General View							1			Load JPG		
13	09/05/19 16:54	General View							1			Load JPG		
14	09/05/19 16:54	General View							1			Load JPG		
15	09/05/19 16:54	General View							1			Load JPG		
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18	09/05/19 16:54	General View							1			Load JPG		
19	09/05/19 16:54	General View							1			Load JPG		
20	09/05/19 16:54	General View							1			Load JPG		
21	09/05/19 16:54	General View							1			Load JPG		
22	09/05/19 16:54	Reinspection Photo							1			Load JPG		
23	09/05/19 16:54	Reinspection Photo							1			Load JPG		
24	09/05/19 16:54	Reinspection Photo							1			Load JPG		
25	09/05/19 16:54	Reinspection Photo							1			Load JPG		
Documentation									1 per page			<input checked="" type="checkbox"/>		
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)							Thumbnail			Print		
1	30/04/19 08:45	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee							1			Load PDF		
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)							Thumbnail			Print		
1	17/04/19 14:32	E-filed GIA report							1			Load PDF		
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)							Thumbnail			Print		
1	06/05/19 13:00	Letter of Demand from Third Party							1			Load TIF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer			
<small>Note: Remarks are private unless you show it to other parties.</small>			

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/TMI19006914/T1TD3Q2
Date: 10/05/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd	Policy No: MJ001357
Claimant Vehicle No: SHA9101H	Insured Vehicle No: SJS4859U
Date of Loss: 17/04/2019	Nature of Claim: TP Claim No: M1902717

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA9101H	Engine No: 2ZR2B87829
Make & Model: TOYOTA PRIUS HYBRID, 1.8 (A)	Chassis No: JTDKB3FU803078121
Reg. Date: 09/01/2019 (Man. Year: 2018)	Odometer: 33043 km
Colour: Yellow	
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: Average

CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,928.32	1,689.15	239.17	12.40
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	830.00	560.00	270.00	32.53
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,768.32	2,259.15	509.17	18.39
+ GST 7.00/7.00% (S\$)	193.78	158.14	35.64	18.39
Nett Amount (S\$)	2,962.10	2,417.29	544.81	18.39

INSPECTION

Date of Assignment: 18/04/2019	Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected: 17/04/2019	Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair: 2.0 days	

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: DENISE TAY KWEE CHENG

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.

Different 1 cents -Finalise confirm amount: \$2,259.14

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 10 May 2019)
Parts:	144	TOYOTA PRIUS HYBRID 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA9101H)	
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 ASSY	Deformed	458.60 FL	*458.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Not Necessary	318.90 FL	*- FL
3	1		*REAR BUMPER UNDER COVER	Cut	552.60 FL	*552.60 FL
4	1		*REAR BUMPER SIDE RETAINER	Deformed	112.70 FL	*112.70 FL
5	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1		*TAILLAMP ASSY UPPER RH	Cracked	557.90 FL	*557.90 FL
7	1		*TAILLAMP ASSY LOWER RH	Cracked	548.40 FL	*548.40 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	2,571.10	2,252.20
- List Item Discount on L Items 25.00/25.00% (\$\$)	642.78	563.05
Total Parts (\$\$)	1,928.32	1,689.15

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	400.00	200.00
2	SPRAYPAINT	New	300.00	300.00
3	WIRING	New	50.00	30.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (\$\$)			830.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >