

ASS. REC. BY:

REF: CS/MSG/9007369/ K19d3

Special Instruction:

Surveyor: Kalin

ASSIGNMENT (Office)

From (Person): Koh Ming Shao

of

MSIG

Date/Time: 26.4.19 11.28a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 2632C

Insured:

SLS 419J

at Workshop m/s

Comfortdelgro Engineering

Tel:

6214 8300

of 59 Loyang Drive

Policy No:

29114756 MKF

Claim No:

591783

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24.4.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"OP"

H.O.D. Endorsement:

Date/Time:

26.4.19

11.35a.m

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 2632C - (C3) EQI 170221401 K1 Ea 392

D.O.A - 19/11/2017

SLS 419J - X

29/4/19 @ 2.09pm revised to Ming Shao via Mailman.

Surveyor: Kolvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop no/s: _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 2 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: SHC 2632CYr Regn: 2004, 2012

Type: M. Car / M. Cycle / Bus / Van / Lorry / T. B / Prime Mover /

Truck / Trailer or

Make: Toyota Primec.c. 1700Colour: BlueA/C: Ins. 6 / Std / NI / NASp. Reading: 207 291T/Radio: Ins. 6 / Std / NI / NA

Eng/No: _____

C/No: JTOK B3F4x03565165Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inord. / Jammed / Leaked / Burnt or

Brake: Inord. / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/B or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Went U/c

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 24/4/19D.O.I. 26/4/19Survey held at: LDDE (Logans)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or

O/S Rm

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

Date / Time Action / Instruction

29/4/19 Chk PIP \$790.45 / 24hrs. (Red \$484.53, 38%) MSTA
PIP

RECEIVED 09 MAY 2019

Date/Time, File Pass to?

☐

: Prel. Report

1) 03/5 19194

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

150

Transportation:

10

S + PS \$

160

Add Fee: ☐

Site Insp. \$

NEL-TP
1-B.1 = \$790.45

Note: This document has not been finalised.

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: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Koh Ming Shao

Date: 29 Apr 2019

Preliminary Advice

Insured Vehicle No	: SLS419J	Accident Date	: 24/04/2019
TP Vehicle No	: SHC2632C	Assignment Date	: 26/04/2019
Make	: TOYOTA PRIUS	Est. Duration of Repair	: 2.00
Date of Inspection	: 26/04/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	1,274.98
Revised Amount	:S\$	790.45
Check Items (Estimated)	:S\$	0.00
Total	:S\$	790.45

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis. KINDLY ASSIST TO AMEND THE MAKE & MODEL OF SHC 2632C TO TOYOTA PRIUS (1798cc) INSTEAD OF TOYOTA PRIUS 1.5 IN MERIMEN.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Apr 2019		26 Apr 2019 11:28 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	GRAB RENTALS PTE LTD, Co. Reg. No.: 201617200G		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC2632C	Date of Loss:	24/04/2019 18:00 - :59 [18 Months and 21 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	29114756MKF (Comprehensive) Coverage: 01/02/2019 - 31/01/2020
Vehicle Reg. No. (Insured):	SLS419J	Policy No. (Claimant):	
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Koh Ming Shao - 6594 2546]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 27/04/2019]		
Driver/Custodian (Insured):	NG TNG EMILY (61 / Female) , NRIC: S1243594J Email:		
Adj Asg. Remarks:	OI: GRAB, LIAB: 100%, CONTACT LIM KWOK ENG @ 6214 8355 OR 98240811. Car in. Please survey by today, 26/04/19. tks.		

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?
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No results.

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	25/04/2019 14:03
Date Of Accident	24/04/2019 18:10
Exact Location Of Accident	ALONG TELOK AYER ST TWDS BOON TAT ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2632C
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	NG CHOR KWANG
NRIC No	S1403000Z
Date Of Birth	30/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1980
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90279936
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 612 TELOK BLANGAH ROAD #05-12
Postcode	109612
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	DRIZZLING
Road Surface	WET

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: : 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	SLS419J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG TNG EMILY
NRIC/Passport Number	S1243594J
Contact Number	
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

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.

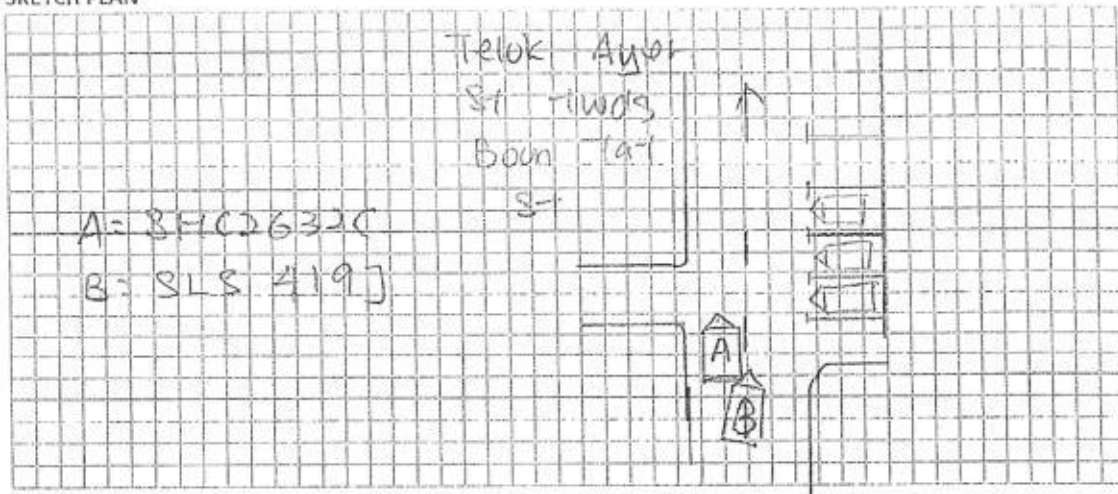
COMFORT TRANSPORTATION PTE LTD
CO REG NO 129703521R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 25/4/19
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/4/19 at about 18:10 hrs, I was driving straight at above said location with a female pax onboard. Shortly Veh in front braked to stopped and I follow suit. A split second later, I felt an impact from rear. I stepped out to have a check and found Veh B it front left portion collided onto the rear right portion of my stationary taxi. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 1992035218

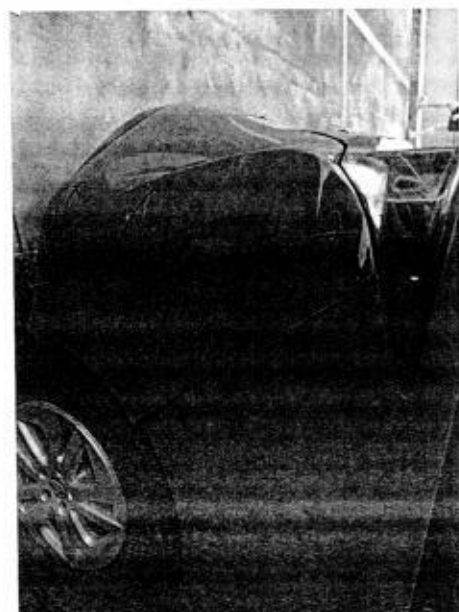
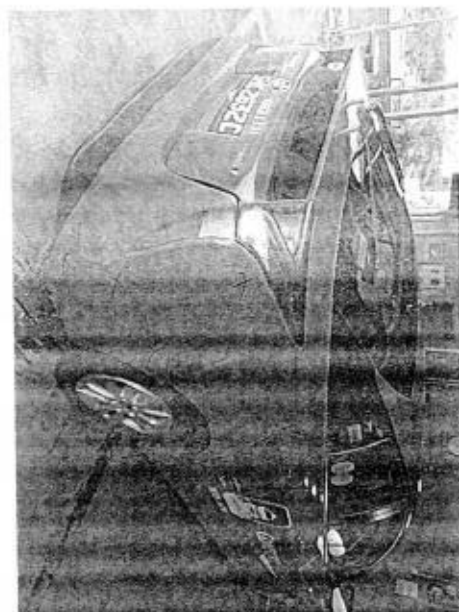
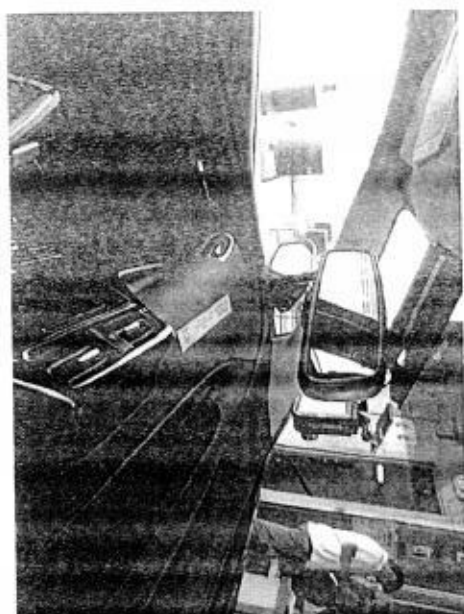
Policyholder's Signature
Date & Time:

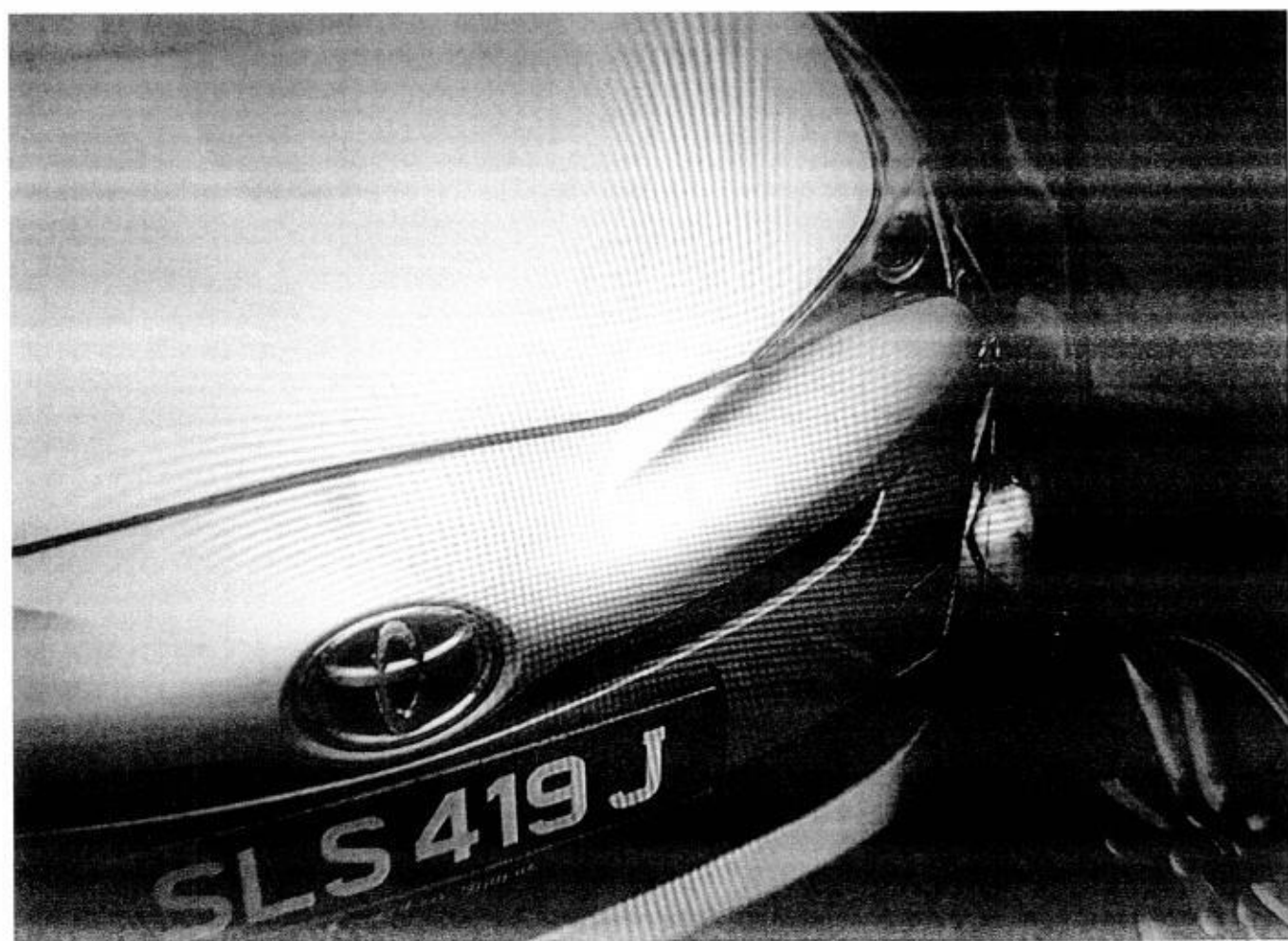
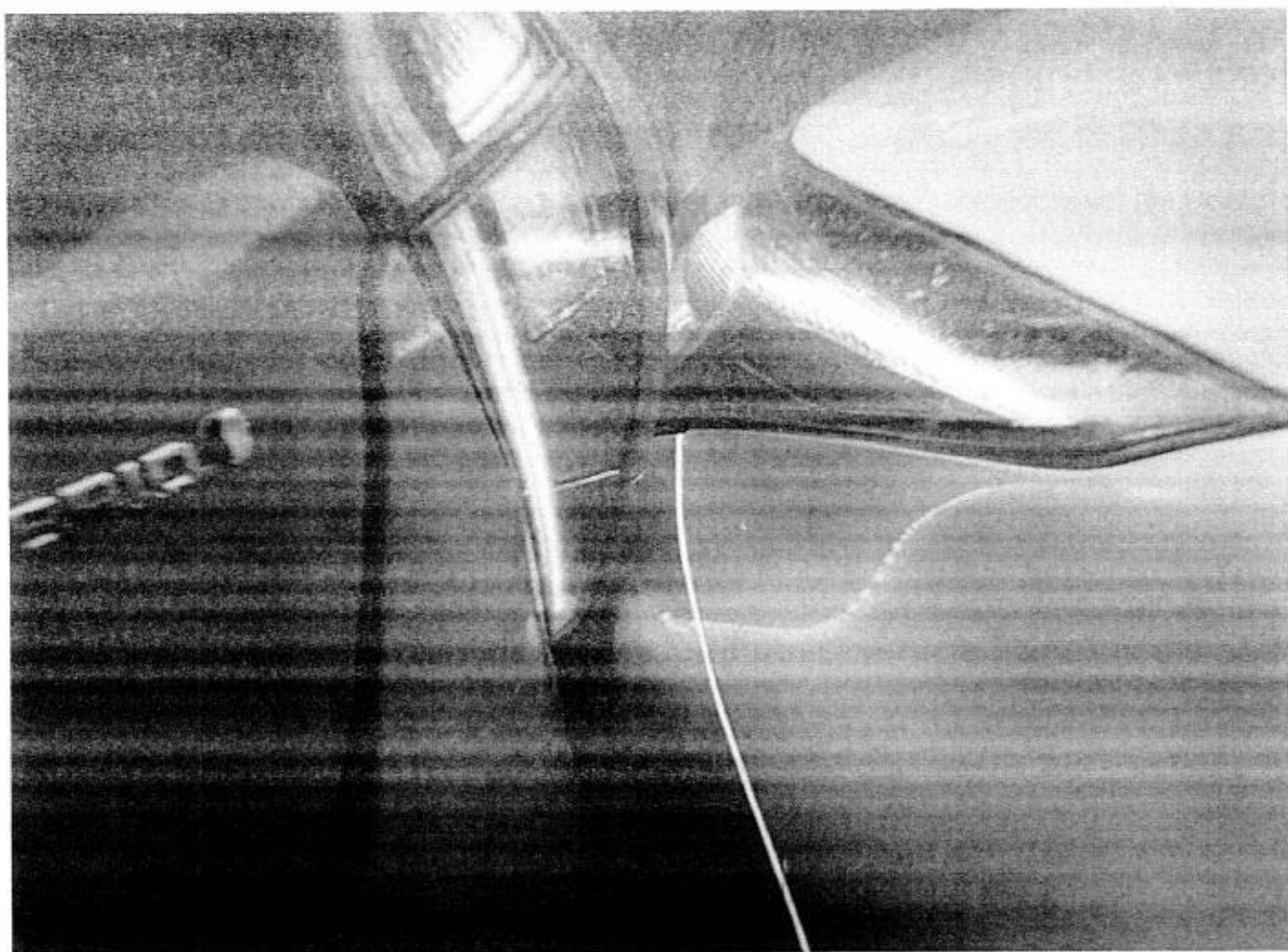
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Loke Wei Yeng

25/4/19





COMFORTDELGRO

Date/Time: 25.04.2019 15:31 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305290487

CUSTOMER

MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

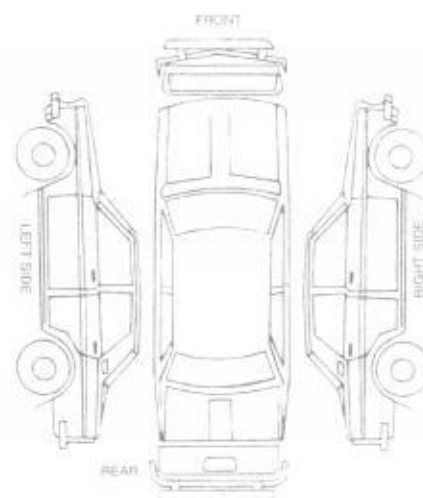
REGN NO.	SHC2632C	MILEAGE
MAKE	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 25.04.2019 11:55
YR OF MANU.	03.10.2017	TARGET DATE
CHASSIS CODE	JTDKB3FUX03565160	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 24.04.2019
NATURE: 3P 24.04.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC2632C LKE

Vehicle No.: SHC2632C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO: SHC 2632C

25/4/2019 14:40

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
LABOUR CHARGE			
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 300.00
Wiring Charge			\$ 50.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 830.00
ESTIMATE TOTAL			\$ 1,274.98

[Signature]
29/4/19

Ka hui 10/04

26/4/19 1230 hrs

2 Days

P/P

Before Paint photo

Consultants hence no
of the following:
before/after spray painting
damaged parts) during
are subject to confirm
survey is on a "Without
modification(s) is allowed
item(s) must be
final approval from insurance
by Repairer

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

Date: 27.04.2019

REPAIR ESTIMATE

Time: 14:57:25

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 : 305290487
REGN NO : SHC2632C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 03.10.2017
DATE/TIME IN : 25.04.2019 11:55
ACCIDENT DATE : 24.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G PRIG4 COVER REAR BUMPER 1 L 458.60 25.00 343.95

0002 04-01-0302-2267-G PRIVC BUMPER PIECE 10 L 22.00 25.00 16.50

SUB-TOTAL : 360.45

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0002 20-22 REMOVE/REFIX REVERSE SENSOR 30.00

SUB-TOTAL : 430.00

TOTAL : 790.45

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

**COMFORTDELGRO
ENGINEERING**Our Job Ref No 305290487Date : 27.04.19ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : Mr KALVIN ANGVehicle Reg No. SHC2632C CTPL24.04.19

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

1. The repair job shall bill to: MSIG SLS419J
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$360.45
 - (b) Labour Charges \$430.00
 - Total for Part-By-Part Repair Cost** \$790.45
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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 amountSignature: Name : LIM KWOK ENGTel : 62148316Fax : 65468156Signature: Name : KALVIN ANGDate : 29/4/19**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: CS/MSG19007369/K1QD3N2

Date: 09/05/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29114756
Claimant Vehicle No :	SHC2632C	Insured Vehicle No :	SLS419J
Date of Loss:	24/04/2019	Nature of Claim:	TP
		Claim No:	591793

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC2632C	Engine No:	2ZRS066758
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 (A)	Chassis No:	JTDKB3FU903565165
Reg. Date:	03/10/2017 (Man. Year: 2017)	Odometer:	207799 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:	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 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	444.97	360.45	84.52	18.99
Miscellaneous Items	0.00	0.00	0.00	
Labour	830.00	430.00	400.00	48.19
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,274.97	790.45	484.52	38.00
+ GST 7.00/7.00% (S\$)	89.25	55.33	33.92	38.01
Nett Amount (S\$)	1,364.22	845.78	518.44	38.00

INSPECTION

Date of Assignment:	26/04/2019	
Date Inspected:	26/04/2019	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: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 09 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 SHC2632C)	
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	Deformed	458.60 FL	*458.60 FL
2	1		*REAR BUMPER SIDE RETAINER	Serviceable	112.70 FL	*- FL
3	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
						F=Franchise part. L=ListItemDisc.
					Sub Total (S\$)	593.30 480.60
					- List Item Discount on L Items 25.00/25.00% (S\$)	148.33 120.15
					Total Parts (S\$)	444.97 360.45

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
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			830.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >