

Surveyor: Kelvin

REF: CC3/TM19007633/ Klvd302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MY
 To Inspected Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: **SLW 2696R**
 Policy No: **MJ001825**
 Claims No: **M1903083**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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: **SHA 2689A** Yr Regn: **28 Sep 2017**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or _____
 Make: **Toyota Prius** c.c. **1798**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **23224** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JTOKB3F4303564884**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / Rim or _____
 Tyre Size: F: **19/165R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**
 Front _____ Rear _____
 R/Bal. **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **30/4/19** D.O.I. **30/4/19**
 Survey held at **CDDE (Loyang)**
 Des. of Damages: Frl / Rear / N/S / N/S / U/C / Rooflop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 2689A - NA/16180.13276/24 DOA - 12/07/2018 Tokio
	SLW 2696R - x PIR
30/4/19	Email GIA to TMI
6/5/19	Letter R/P \$886.48 / 2 pgs. (Recd 180, 1790)
	RECEIVED 6 MAY 2019
	6/5/2019

Delete Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Delete Time, File Return to?

2) **GS - typist**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

290

10

260

2000 # 2000 # 2000

merimen

P/P \$886.48

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Apr 2019 Sendback Est	30 Apr 2019 16:57 S\$1,066.47	30 Apr 2019 18:31 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	HITCHCAR , Co. Reg. No.: 53342225J		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHA2689A	Date of Loss:	30/04/2019 13:00 - :59 [19 Months and 2 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1903083	Policy/Cover Note No.:	MJ001825 Coverage: 12/12/2018 - 11/12/2019
Vehicle Reg. No. (Insured):	SLW2696R	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 Ng Kwai Kay Francis]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 10/05/2019]		
Driver/Custodian (Insured):	GOH CHUAN HENG (61), NRIC: S8412897Z Email:		
Adj Asg. Remarks:	OUR INSD HAS NOT RPT THE ACCIDENT		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)[Compose Case Mail](#)

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.									

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 30 April 2019 5:19 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 30/4/2019, SHA 2689A (TP VEHICLE), SLW 2696R (OI VEHICLE)
Attachments: GIA.pdf; EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 2689A at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 30/4/2019

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | 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	30/04/2019 14:43
Date Of Accident	30/04/2019 13:00
Exact Location Of Accident	PASIR RIS DRIVE 1 X PASIR RIS ST 12/PASIR RIS DR 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2689A
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	KOH BOON SIONG
NRIC No	S1517559A
Date Of Birth	09/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1984
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98349195
Fax Number	
Contact Number	
EMail Address	KOHBS62@HOTMAIL.COM

Address	BLK 107 PASIR RIS STREET 12 #02-59
Postcode	510107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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	SLW2696R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHUAN HENG
NRIC/Passport Number	S8412897Z
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE 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. 199203321A

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.:

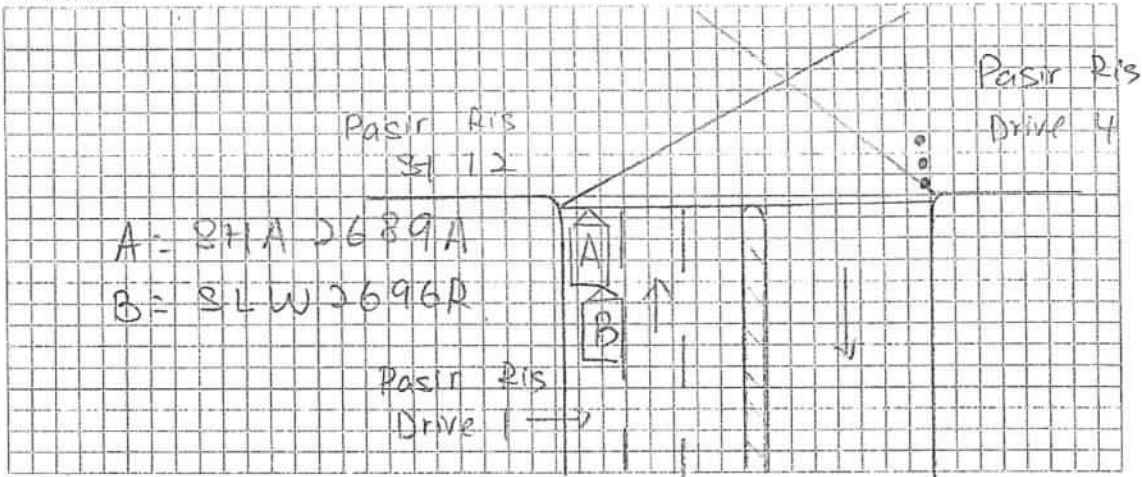
30/4/19

Printed Name of Policyholder:

4 - 5
6 - 8

9 - 11
12 - 14

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/4/19 at about 13:00 hrs, my taxi
 Veh A was stopped at above said location
 waiting for traffic light change. Suddenly I
 felt an impact from my taxi behind. I stepped
 out have a check and found Veh B in front
 left portion collided onto the rear right
 portion of my stationary taxi. No passenger
 in my 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. 100205621E

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

30/4/19

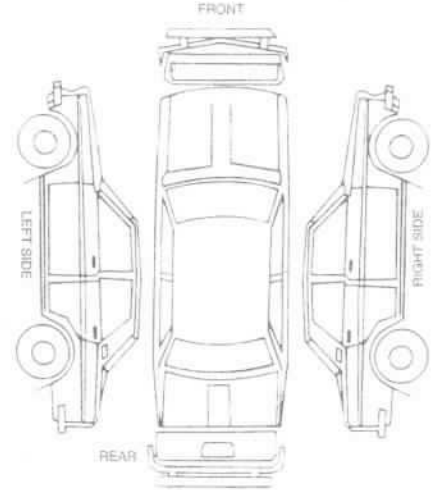
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305291885

OMER	REGN NO.: SHA2689A	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
OMER NO. 7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
ESS 383 SIN MING DRIVE	DATE/TIME IN 30.04.2019 13:25	
Singapore SINGAPORE 575717	YR OF MANU. 28.09.2017	TARGET DATE
65508755 (R) (O)	CHASSIS CODE JTDKB3FU303564884	COMPLETION DATE/TIME
(P)		
UNT CARD NO.		

Accident Date: 30.04.2019
NATURE: 3P 30.04.19

JOB DESCRIPTION PP (Merimen)
Tokio - SLW 2696R

S/NO LABOR CODE DESCRIPTION
LKK - Kalvin



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Idgement Slip	Exit Pass
o.: SHA2689A LIMITS	Vehicle No.: SHA2689A
Service Advisor	Signature/Date
Name of Service Advisor	Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHA 2689A

MAKE :

MODEL : TOYOTA PRIUS

Tokio Marine

OP/P

30/4/2019

IS

Tyre

Westlake

195/65 R15

LKR Kalnu

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER UNDER COVER — <i>Photo</i>			\$ 552.60
<i>Rear Bumper x repair</i>			
<i>Towing Charge —</i>			
SUB TOTAL		\$ 82.70	\$ 552.60
LESS 25%			\$ 138.15
DISCOUNTED TOTAL			\$ 414.45
REAR BUMPER RUBBER MAT X 11			\$ 50.00
LABOUR CHARGE			
Panel Beating			\$ 200.00
Spray Painting Charge			\$ 300.00
Wiring Charge			\$ 30.00
<i>Removal Fee</i>			
TOTAL LABOUR			\$ 530.00
ESTIMATE TOTAL		1066.48	\$ 994.45

NETT

Kalnu (UKK)

30/4/19 1600hrs

207

P/P

After Repair photo

- * 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.
- * 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:

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

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

Our Job Ref No : 305291885
Date : 03/05/19

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG

Fax :

Vehicle Reg No. : SHA2689A Date of Accident : 30-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 --- SLW2696R

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$ 476.48

(b) Labour Charges

\$ 410.00

Total for Part-By-Part Repair Cost

\$ 886.48

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

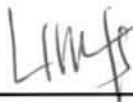
3. Estimated normal period for repairs: 2 working days.

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 amount

Signature :



Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature



Name

KALVIN

Date

6/5/19

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:

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

JOB NO : 305291885
REGN NO : SHA2689A
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 28.09.2017
DATE/TIME IN : 30.04.2019 13:25
ACCIDENT DATE : 30.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G	REAR BUMPER UNDER COVER	1	552.60	25.00	414.45
0002 04-01-0302-2286-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02

SUB-TOTAL : 476.47

JOB NATURE

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

SUB-TOTAL : 410.00

TOTAL : 886.47


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO




























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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	30 Apr 2019 Sendback Est	30 Apr 2019 16:57 \$1,066.47	30 Apr 2019 18:31 Edit Adj Rpt	\$886.47 Edit Estimates	\$886.47 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: HITCHCAR , Co. Reg. No.: 53342225J									
Main Claimant: CTPL									
Vehicle Reg. No.: SHA2689A		Date of Loss: 30/04/2019 13:00 - :59 [19 Months and 2 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / M1903083		Policy/Cover Note No.: MJ001825 Coverage: 12/12/2018 - 11/12/2019							
Vehicle Reg. No. (Insured): SLW2696R		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 Ng Kwai Kay Francis]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 10/05/2019]									
Driver/Custodian (Insured): GOH CHUAN HENG (61), NRIC: S8412897Z Email:									
Adj Asg. Remarks: OUR INSD HAS NOT RPT THE ACCIDENT									
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

SHA2689A (M1903083)
[SLW2696R]
TP
CTPL
Apr 30 2019 1:00PM
[HITCHCAR]
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	30/04/19 16:57	Repairer Estimates	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
2	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
3	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
4	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
5	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
6	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
7	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
8	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
9	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
10	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
11	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
12	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
13	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
14	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
15	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
16	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
17	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
18	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
19	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
20	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
21	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
22	02/05/19 09:04	General View	 Load JPG	<input checked="" type="checkbox"/>
23	03/05/19 09:41	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
24	03/05/19 09:41	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
25	03/05/19 09:41	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)	Thumbnail	Print
1	08/05/19 15:24	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee	 Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	30/04/19 16:58	E-filed GIA report	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**Show Remarks To:** ☐ Repairer ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/TMI19007633/K1VD3E2

Date: 09/05/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MJ001825

Claimant Vehicle No: SHA2689A

Insured Vehicle No: SLW2696R

Date of Loss: 30/04/2019

Nature of Claim: TP

Claim No: M1903083

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA2689A

Make & Model: TOYOTA PRIUS, 1.8 HYBRID CVT (A)

Engine No: 2ZRS065822

Reg. Date: 28/09/2017 (Man. Year: 2017)

Chassis No: JTDKB3FU303564884

Colour: Blue

Odometer: 232221 km

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: 195/65 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	526.47	476.47	50.00	9.50
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	530.00	400.00	130.00	24.53
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,066.47	886.47	180.00	16.88
+ GST 7.00/7.00% (S\$)	74.65	62.05	12.60	16.88
Nett Amount (S\$)	1,141.12	948.52	192.60	16.88

INSPECTION

Date of Assignment: 30/04/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 30/04/2019 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: VERON CHEN

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: \$886.48

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 09 May 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 SHA2689A)
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 UNDER COVER	Deformed	552.60 FL	*552.60 FL
2	1		*REAR BUMPER TOW COVER	Cracked	82.70 FL	*82.70 FL
3	1		*REAR BUMPER MAT	Not Necessary	50.00 F	*- F
4	1		*REAR BUMPER (NPA)	Repair	-	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	685.30	635.30
- List Item Discount on L Items 25.00/25.00% (\$\$)	158.83	158.83
Total Parts (\$\$)	526.47	476.47

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 (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	200.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
3	WIRING CHECK	New	30.00	0.00
Gross Labour Cost (S\$)			530.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >