

Senior Advisor

REF:

ce3/TMI1900815/Kqd3/r

Estimate No:

QD/TP/VS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

At Workshop m/s

At

Insured: **Y58E**Policy No: **MT103942**Claims No: **M1903162**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Vh:

(Policy Condition)

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

N/S	O/S

Bot or Market Value:

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repair: **7** days Res.: Yes or No

Cum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

SHC 7526T

9 Jun 2019

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

Truck / Trailer or:

Make: **Toyota Prius** cc **1798**Colour: **Yellow** A/C: **Ins** **Good** / Std / Nil / NASp. Reading: **45756** T/Radio: **Ins** **Good** / Std / Nil / NA

Eng/No:

C/No: **JTDKB3FY903078290**Gen. Cond: Good / **FB** / Poor / BurntSteering: Inord **G** / Jammed / Leaked / Burnt orBrake: Inord **G** / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD **G** / Rim orTyre Size: F: **195/65 R15**

R:

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

TOYO / YOKO or **Purepura**

Front

Rear

R/Bal: **8** mm R/Bal: **8** mmL/Bal: **8** mm L/Bal: **8** mmD.O.A: **6/5/19** D.O.L: **7/5/19**Survey held at **CDAC (Logan)**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooltop or

**O/S Front**

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

Date / Time Action / Instruction

SHC 7526T - cslrcj1801474 6/6/19m2

DOA: 11/05/2019 T. Kio

Y58E - X

8/5/19 **Updated PIP \$1205.28 / 24h. CRD @ 381.32, 77%**

09/5/19 @ 9.05am Email: GHA to ESTIMATE TO TMI

RECEIVED 10 MAY 2019

Date/Time, File Print to?

☐ : Prel. Report11/05/19 **Printed**☐ : Final Report

Date/Time, File Return to?

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

Survey Fee:

Transportation:

S + RS: \$

Fuel:

Others:

TCH:

Add Fee: ☐ : Site Insp. (\$☐ : Interview (\$☐ : Technician (\$

Signature:

**MER-T**

Signature:

**LB.1****1205.28**

## **Shiau Chan (LKKAuto)**

---

**From:** Shiau Chan (LKKAuto)  
**Sent:** Thursday, 9 May 2019 9:05 AM  
**To:** Motor Claims  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 06/05/2019, SHC 7526T (TP VEHICLE), YJ 8E (OI VEHICLE)  
**Attachments:** SHC7526 GIA.pdf; SHC7526 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 7526T at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 07/05/2019.

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,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@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	06/05/2019 14:35
Date Of Accident	06/05/2019 11:30
Exact Location Of Accident	ALONG UBI RD 1 TOWARDS UBI AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7526T
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
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 SAY CHIN
NRIC No	S1796048B
Date Of Birth	05/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96686561
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 308 HOUGANG AVENUE 5 #12-319
Postcode	530308
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	SIDE SWIPE
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)	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

REFER 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	YJ8E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAU TIAN CHOI
NRIC/Passport Number	S1394979D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

NO DAMAGED

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.

CITYCAB PTE LTD  
CO. REG. NO. 190502839G

Policyholder's Signature  
Date & Time:

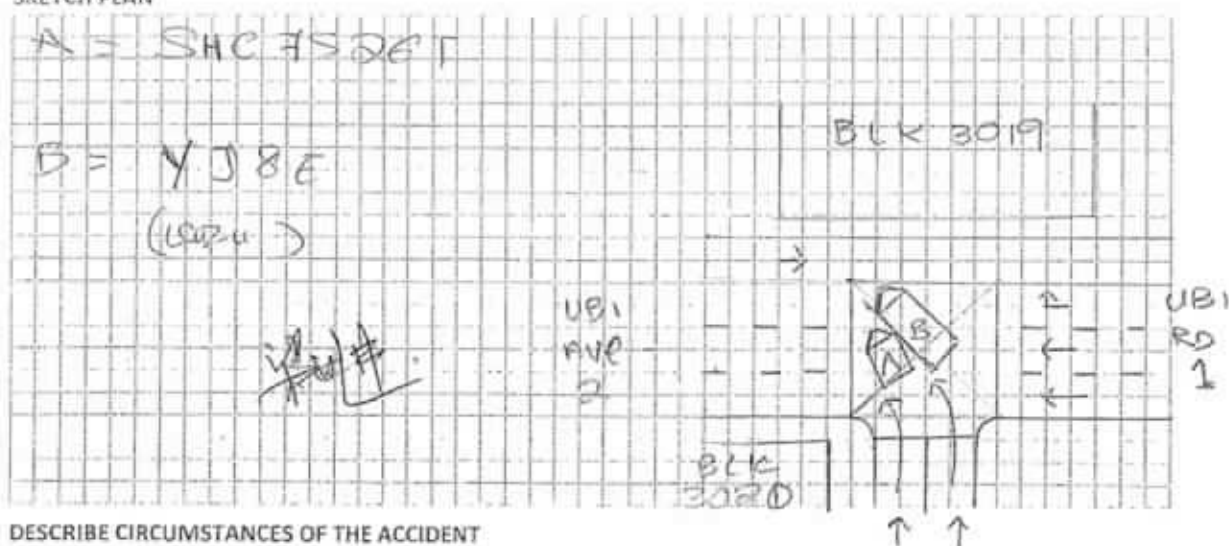
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Olivia Wendy

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

06 MAY 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached!

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 9214 2019

Describe Circumstances of the Accident.

On the 06/05/2018 @ about 11:30hrs, I was driving out from BLK 3020 Kampong Ubi Industrial Estate towards Ubi Rd 1.

As I reached the junction towards Ubi Rd 1, I stopped to check the incoming vehicle on my right side and slowly drive out when the traffic was clear. Then a Lorry YJ8E on my right side suddenly turning so I honked few times to alert the driver however the lorry did not stop and grazed onto my right front portion of my taxi.

01 female passenger on board my taxi. No injury at the point of accident.

### Declaration

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

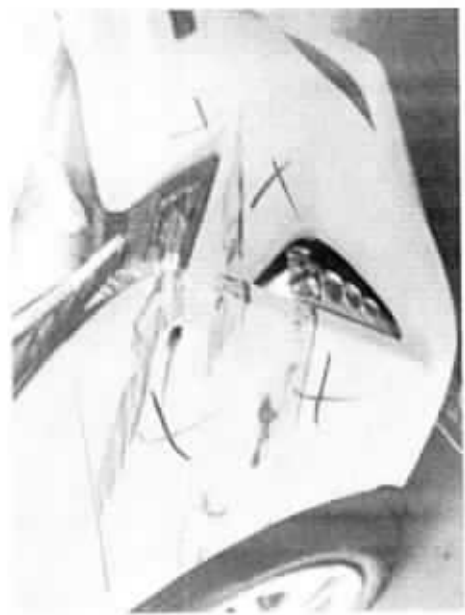
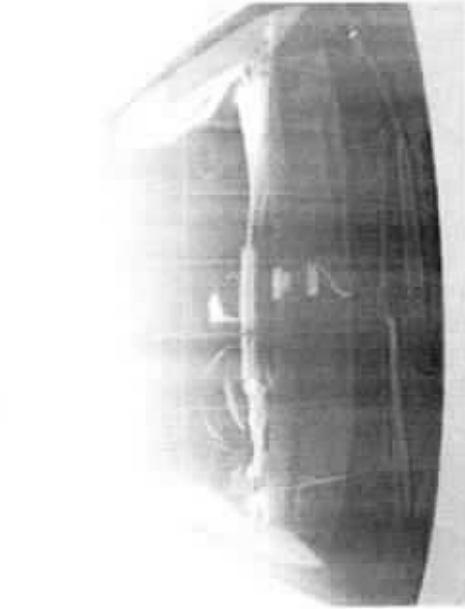
Policyholder's Signature/Date &  
Time

梁世道

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

Olivia Wendy   
Witnessed by Reporting  
Centre Personnel  
06 MAY 2019





COMFORTDELGRO

Date/Time: 06.05.2019 15:57 Page 1

Team: ARC Repair TP(CFSO)1

## JOB CARD

Sales Order:

JC NO. 305293110

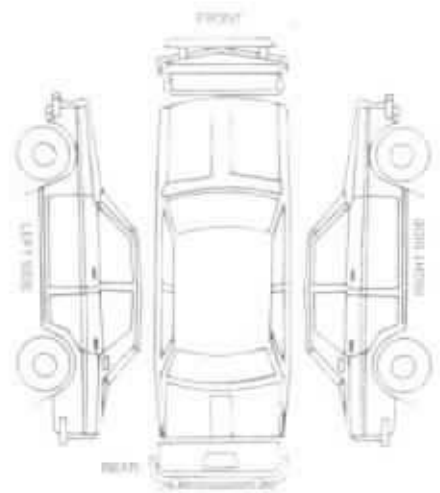
CUSTOMER	REGN NO.	MILEAGE
MS	SHC7526T	
CITYCAB PTE LTD	MAKE:	FUEL
7010070	TOYOTA	E 1/2 F
CUSTOMER NO.	MODEL	DATE/TIME IN
383 SIN MING DRIVE	PRIUS HYBRID(G4)	06.05.2019 12:30
ADDRESS	YR OF MANU	TARGET DATE
Singapore SINGAPORE 575717	09.01.2019	
65551188	CHASSIS CODE	COMPLETION DATE/TIME
(R)	JTDKB3FU903078290	
(P)		
COUNT CARD NO.		

## JOB DESCRIPTION

Accident Date: 06.05.2019

NATURE: 3P 06.05.2019

S/NO	LABOR CODE	DESCRIPTION
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CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

E:

L:

E No.:

SHC7526T

CHIANG

Vehicle No.:

SHC7526T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE

7/5/2019 10:39

VEHICLE NO : SHC 7526T

MAKE :

MODEL : TOYOTA PRIUS

Change Total

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LENS & BODY FR TURN, RH — <i>hazel</i>			\$ 511.80
FRONT BUMPER COVER — <i>cm</i>			\$ 499.90
FRONT BUMPER CLIPS — <i>m</i>			\$ 22.00
UNIT ASSY, HEADLAMP, RH (LED) <i>gsm</i>			\$ 3,455.00
HEAD LAMP PANEL (RH) <i>gsm</i>			\$ 240.10
SUB TOTAL			\$ 4,728.80
LESS 25%			\$ 1,182.20
DISCOUNTED TOTAL			\$ 3,546.60
LABOUR CHARGE			
Panel Beating			\$ <del>480.00</del> <i>200</i>
Spray Painting Charge			\$ <del>300.00</del> <i>200</i>
Wiring Charge			\$ <del>20.00</del> <i>20</i>
<i>Merina Fee</i>			\$ <del>10</del> <i>10</i>
TOTAL LABOUR			\$ 730.00
ESTIMATE TOTAL			\$ 4,276.60

Kalin 10/10/19

7/5/19 1135L

2 P/P

P/P

Before Post, the



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 (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:	06/05/2019
Vehicle Reg. No.:	SHC7526T	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	09/01/2019
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	2ZR2B89471	Chassis No:	JTDKB3FU903078290
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)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	3,546.60
Miscellaneous Items	10.00
Labour	830.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>4,386.60</b>
<b>+ GST 7.00% (S\$)</b>	<b>307.06</b>
<b>Nett Amount (S\$)</b>	<b>4,693.66</b>

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG      **Version:** 1.0 (Last Synchronised: 07 May 2019)**Parts:** 144      TOYOTA PRIUS TAXI 1.8 (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's      (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC7526T/07/05/2019 11:40**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		*SIGNAL FRT RH	25.00	0.00	UPDATED *511.80 FL ✓
2	1		*FRT BUMPER COVER	25.00	0.00	CBR *499.90 FL ✓
3	10		*FRT BUMPER CLIPS	25.00	0.00	NCC *22.00 FL ✓
4	1		*HEADLAMP LED RH	25.00	0.00	X SVC *3,455.00 FL
5	1		*HEADLAMP PANEL RH	25.00	0.00	X SVC *240.10 FL

F=Franchise part. L=ListItemDisc.

**Sub Total (\$\$)****4,728.80****- List Item Discount on L Items (\$\$)****1,182.20****Total Parts (\$\$)****3,546.60**

ComfortDelGro Engineering Pte Ltd/SHC7526T/07/05/2019 11:40. 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	700 400.00
2	SPRAY PAINTING	New	700 400.00
3	WIRING	New	20 30.00
Gross Labour Cost (S\$)			830.00

ComfortDelGro Engineering Pte Ltd/SHC7526T/07/05/2019 11:40. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No. : 305293110  
Date : 07/05/19

## FINALIZATION FORM

To : LKK Fax :  
Attn : TOKIO  
Vehicle Reg No. : SHC7526T 06/05/19

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


1. The repair job shall bill to: TOKIO YJ8E
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$775.28
  - (b) Labour Charges \$430.00
  - Total for Part-By-Part Repair Cost \$1,205.28**
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kaku  
Date : 8/5/19

## 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		N		
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: 7010070  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305293110  
 REGN NO : SHC7526T  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 09.01.2019  
 DATE/TIME IN : 06.05.2019 12:30  
 ACCIDENT DATE : 06.05.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002 04-01-0302-4991-G	PRIG4 LAMP ASSY FOG RH	1	511.80	25.00	383.85
0003 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50

SUB-TOTAL : 775.27

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 L	MERIMEN FEE	10.00

SUB-TOTAL : 430.00

TOTAL : 1,205.27

MVA NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO  
 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	07 May 2019 <a href="#">Sendback Est</a>	07 May 2019 11:40 <b>\$4,386.60</b>	09 May 2019 09:45 <a href="#">Edit Adj Rpt</a>	<b>\$1,205.27</b> <a href="#">Edit Estimates</a>	<b>\$1,205.27</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>									
Insured: <b>FU YU CORPORATION LIMITED</b> , Co. Reg. No.: 198004601C									
Main Claimant: <b>CCPL</b>									
Vehicle Reg. No.: <b>SHC7526T</b>		Date of Loss: 06/05/2019 11:00 - :59 [3 Months and 27 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / M1903262</b>		Policy/Cover Note No.: MT103942 (Comprehensive) Coverage: 07/07/2018 - 06/07/2019							
Vehicle Reg. No. (Insured): <b>YJ8E</b>		Policy No. (Claimant):							
		Excess: \$0.00							
Repairer: <b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
Handling Insurer: <b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Ng Kwai Kay Francis</b> ]									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... [Final Rpt due 21/05/2019]									
<b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**SHC7526T (M1903262)**  
**[YJ8E]**  
**TP**  
**CCPL**  
**May 6 2019 11:00AM**  
**[FU YU CORPORATION LIMITED]**  
**ComfortDelGro Engineering Pte Ltd**

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Assessment Reports</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	07/05/19 11:40	Repairer Estimates	1 Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	08/05/19 09:37	Accident Statement From: SC - Reg. No: YJ8E; Claimant: FU YU CORPORATION LIMITED	1 Load HTM	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	10/05/19 08:00	Reinspection Photo	1 Load JPG	<input checked="" type="checkbox"/>
2	10/05/19 08:00	Reinspection Photo	1 Load JPG	<input checked="" type="checkbox"/>
3	10/05/19 08:00	Reinspection Photo	1 Load JPG	<input checked="" type="checkbox"/>
4	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
5	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
6	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
7	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
8	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
9	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
10	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
11	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
12	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
13	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
14	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
15	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
16	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
17	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
18	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
19	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
20	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
21	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
22	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
23	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
24	10/05/19 08:00	General View	1 Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	07/05/19 11:41	E-filed GIA report	1 Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	09/05/19 09:43	EST	1 Load PDF	
2	09/05/19 09:45	LKK NOTIFICATION TO SURVEY CDGE-ASSIGNED	1 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/TMI19008115/K1QD3Q2

Date: 17/05/2019

## REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MT103942

Claimant Vehicle No: SHC7526T

Insured Vehicle No: YJ8E

Date of Loss: 06/05/2019

Nature of Claim: TP

Claim No: M1903262

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHC7526T

Make &amp; Model: TOYOTA PRIUS TAXI, 1.8 (A)

Engine No: 2ZR2B89471

Reg. Date: 09/01/2019 (Man. Year: 2018)

Chassis No: JTDKB3FU903078290

Colour: Yellow

Odometer: 45756 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:	DURATURN 8 mm	Rear Left Side:	DURATURN 8 mm
Front Right Side:	DURATURN 8 mm	Rear Right Side:	DURATURN 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,546.60	775.27	2,771.33	78.14
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	830.00	420.00	410.00	49.40
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>4,386.60</b>	<b>1,205.27</b>	<b>3,181.33</b>	<b>72.52</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>307.06</b>	<b>84.37</b>	<b>222.69</b>	<b>72.52</b>
<b>Nett Amount (S\$)</b>	<b>4,693.66</b>	<b>1,289.64</b>	<b>3,404.02</b>	<b>72.52</b>

## INSPECTION

Date of Assignment:	09/05/2019 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	07/05/2019 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.*

Different 1 cents -Finalise confirm amount: \$1,205.28

## REPAIR DETAILS

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 17 May 2019)
<b>Parts:</b> 144	TOYOTA PRIUS TAXI 1.8 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC7526T)
<b>Validity:</b>	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
<b>Further Info:</b> Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*SIGNAL FRT RH	Grazed	511.80 FL	*511.80 FL
2	1		*FRT BUMPER COVER	Cracked	499.90 FL	*499.90 FL
3	10		*FRT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
4	1		*HEADLAMP LED RH	Serviceable	3,455.00 FL	*- FL
5	1		*HEADLAMP PANEL RH	Serviceable	240.10 FL	*- FL
					<b>Sub Total (S\$)</b>	<b>1,033.70</b>
					<b>- List Item Discount on L Items 25.00/25.00% (S\$)</b>	<b>258.43</b>
					<b>Total Parts (S\$)</b>	<b>775.27</b>

F=Franchise part. 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 (S\$)			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	SPRAY PAINTING	New	400.00	200.00
3	WIRING	New	30.00	20.00
Gross Labour Cost (S\$)			830.00	420.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;