From (Person): Kalvi n Ang Mei kun of Som	
	Bill to:
od TP WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: SHA 243) Z at Workshop m/s Comfordulgro Enginumg of 54 Loyang Dire	
Policy No: D18m1m(01006068	Claim No: (MTD 1902752
Sum Insured:	Excess:
Make of Veh: (Client's Record)	D.O.A. 9.5. 2019
CA / REV / REP. / REV 24 HRS Date/Time: 13.5.19 3.639 Person Contacted:	Lum) Vehicle IN OUT
Date/Time Action/Instruction () Estimate	
14/5/1900 4.34m nevised to Agree	Chan via Meinen.

Interview (\$

Tech. Invs (\$

Weekend (\$

Report Format:

Lump Sum / I.B.I: (\$

Photos

Others

TOTAL

260

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:

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place

#05-01/06, Singapore Land Tower

Singapore 048623

From: LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25

Paya Ubi Industrial Park

Singapore 408933

Attn:

CHAN SHU HUI AGNES

Date:

14 May 2019

Preliminary Advice

Insured Vehicle No : FP5445L

TP Vehicle No

: SHA2432Z

Accident Date

: 09/05/2019

Make

: TOYOTA PRIUS HYBRID 1.8 CVT

Assignment Date

: 10/05/2019

Date of Inspection

Est. Duration of Repair

: 10/05/2019

: 3.00

Inspection At

: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

59 LOYANG DRIVE

SINGAPORE 508969

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	7,341.93
Revised Amount	:S\$	5,820.15
Check Items (Estimated)	:S\$	0.00
Total	:S\$	5,820.15

Lump Sum Repair

:S\$

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 repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
ï)	The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

Other comments:

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

					Adl Rpt	Adi Su	bmitted	Ins Auth'ed	Status	
Case	Notified	Est Su	bmitted	Adj Assigned	Well uby	no to				for Survey
Main	09 May 2019			10 May 2019 09:10 Edit Adj Rpt					Report Cancel	Case
		7	Ref	erence	Claim	Details		Document	s	Show All
	Main	100000000000000000000000000000000000000		A PROPERTY AND ADDRESS OF THE PARTY OF THE P	and the Person Name of Street, or other Person Name of Street,	STREET, SQUARE	of the latest designation in the	fCrea	ted by ins	urer]
LAIM S	SUBFOLDER DE	TAILS				C0020378	-	110.00		
nsured:			MUHAN	MAD HAZIQ BIN	ZAINAL, ID	Co Rec	No.: 199	303821R		
Main Cla	imant:				Date Date	of Loss:	Territorie Co.	03/03/	/2019 08:00	
Vehicle F	Reg. No.:		SHA2						D18MTMC01006068 (TP, Fire &	
Claim Type:			TP / C	MTD1902252		Policy/Cover Note No.: Theft)				
			FP544	5L	Policy No. (Claimant):					
Venicle Reg. No. (Insures).					eering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8				6214 8300	
Repairer	10		Comfo	rtDelGro Enginee Insurance Singa	ring Pte Ltd (Loyang) 5	1: 6461 65	55 [Handled t	Y CHAN SH	HU HUI AGNES -
	g Insurer:		5ompo 6329 5	Insurance Singa	spore Pte. Ltc	. (114)				T VIIN 1
riamumiy	g trisorer.		LKK A	uto Consultants F	te Ltd (HQ)	Tel: 6256-3	3561 [H	andled by KALV	IN ANG WE	I KUN J
Adjuste	ri .		Fina	Rpt due 22/05	72019]					
Adj Asg	. Remarks:		WS: L	ARRY NG 62148316)					20 - 100 d M
		CETVE	n					View All	Com	pose Case Mail
	IATED MAIL R		-							
There a	ire no mail for thi	s case.								
B		eve				View All	Search	Tasks Cre	ate New Tas	k Complete
	SSOCIATED TA		Tark	Group Subjec	t Handler	Assigne	ed By	Completed On	Creat	ted On Done?
Due	Date Priority	Тур	e Task	group adolec						

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

Gender

- 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 witholding 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.

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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	09/05/2019 10:18
Date Of Accident	09/05/2019 08:25
Exact Location Of Accident	CTE TWDS CITY AFTER BRADDELL EXIT
Country/State of Loss	SINGAPORE
新华女子 300 A September 2000 A September 2010 A September 2	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA2432Z
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 a time of accident	t
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	TAN AH KIM
NRIC No	S0866283E
Date Of Birth	19/02/1949
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1976
Driving Experience	42 YEARS AND 7 MONTHS

MALE

(LOCAL) +65-97731169

LOKEAGNES@GMAIL.COM

Address

3 33 31

286D 20-04 TOH GUAN ROAD

Postcode

604286

NO Was driver an employee of the Insured's Company

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)

2

involved in the accident 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: : MALE

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

SEE ATTACH.

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 Vehicle Make/Model/Colour

FP5445L

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RHT SIDE

Page 2 of 16

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

KETCH PLAN	MITTI	HHHH	HHHH
A: 9HA 34832 8: FP 54H5L	CIE	(P)	
	twois - City Ofter Bi	nodell 2	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT		0.12= 1	
On 9/5/19 at	abavi (38-25 NB	, I was
driving sludy at abo	ove said	location	with a
3)			
nalle pax onboard. Si	nottly 1	sluwed a	town and
stupped then I felt	an imp	paet from	my taxi
behind, i Immediate s	tupped	my taxi	at the poil
time. Sub sequently Veh	B wo	lbling to	infrart
of my tour then dr	up onto	my tea	xi funt
left pumper. I quickly	went	down to	assit them
and there are no i	njurius.	ny male	passinger
kee James can be m	y witnes	s H/P: 9	7866696 .
ECLARATION We declare the foregoing particulars are true in eyery respe	ct. 、		1
COMFORT TRANSPORTATION FILE	-		Loke View Yleng
olicyholder's Signature ote & Time: CO REG. HO 1893938218 Driver's Signature th driver is not the pol	licyholder)	Reporting Centre Pr	ersonnels Signature

Sketch Plan Pg. 2

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- Any false reporting may be referred to the Police for investigation.
- 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
- 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:

- 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.
- 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 LIL

CO, REG. NO 199303821R

Policyholder's Signature

Date & Time:

Signatufe

(if driver is not the policyholder)

udeo 7

Tan Ah Kin

Loke Wei Yleng

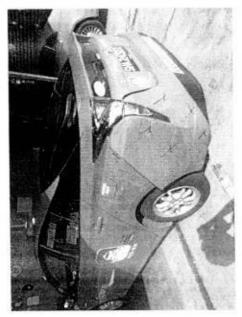
Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:







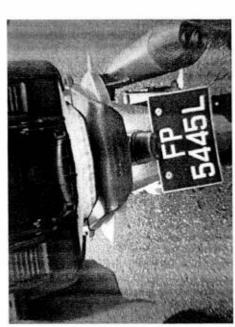




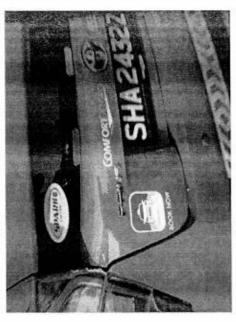














REPAIR ESTIMATE

VEHICLE NO: SHA 2432Z

9/5/2019 12:00

MAKE

P	ARTS DESCRIPTION	QTY	UNIT PRICE	A	MOUNT	
R	REAR TRUNK LID LOGO(PRIUS) / M			\$	52.90	
R	REAR TRUNK LID LOGO(HYBRID)			\$	52.90	
R	REAR TRUNK LID LOGO(TOYOTA STAR)			\$	47.00	
R	REAR BUMPER / htt			\$	458.60	÷
R	REAR BUMPER UNDER COVER - wt			\$	552.60	
R	REAR BUMPER SIDE RETAINER			\$	112.70	
R	REAR BUMPER CLIPS /			\$	22.00	٠
Т	TAIL LAMP ASSY (UPPER)			\$	557.90	*
Т	TAIL LAMP ASSY (LOWER)			\$	548.40	
	SUB TOTAL	20%	55	\$	2,405.00	
	LESS 25%	3	,	\$	601.25	
	DISCOUNTED TOTAL	-		\$	1,803.75	1
	REAR NO. PLATE WITH TRIM COVER 🗡			s	100.00	N
	REAR TRUNK LID APPS STICKER			\$	40.00	1
	REAR TRUNK LID COMFORT & TEL NO. STCIKER			s	60.00	1
1	REAR TRUNK LID COMPORT & TEL NO. STOIKER			•	00.00	'`
				\$	200.00	1
ı	LABOUR CHARGE				200	
F	Panel Beating			\$	400.00	
5	Spray Painting Charge			\$	600.00	10.0
١	Wiring Charge			\$	50.00	
F	Remove/Refix Reverse Sensor			\$	80.00	7)
	TOTAL LABOUR			\$	1,130.00	
19	ESTIMATE TOTAL			\$	3,133.75	1
19	ESTIMATE TOTAL				\$	\$ 3,133.75

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.



REPAIR ESTIMATE

VEHICLE NO: SHA 2432Z

MAKE

MODEL

: TOYOTA PRIUS

QTY **UNIT PRICE AMOUNT** PARTS DESCRIPTION Defort 499.90 \$ FRONT BUMPER COVER \$ 22.00 FRONT BUMPER CLIPS FRONT BUMPER SIDE RETAINER × 500 154.00 \$ 77.00 3,455.00 UNIT ASSY, HEADLAMP, LH (LED) \$ LESS 25% 25% SUB TOTAL \$ 4,130.90 \$ 1,032.73 \$ 3.098.18 DISCOUNTED TOTAL LABOUR CHARGE 400.00 Panel Beating 600.00 Spray Painting Charge \$ 50.00 Wiring Charge 50,00 Tuff Kote 1,100.00 TOTAL LABOUR \$ 4,198.18 **ESTIMATE TOTAL** volity. 7331.92 Kalar Illay

M 10/5/19 1020L.

3 Bys

PIP

Before Port plate Larry NG

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.



9/5/2019 12:08

COMFORTDLERG

Date/Time: 09.05.2019 12:52

Page : 1

Team: ARC Repair	TP(CLSO)1 JO	B CARD	Sales Order:	JC NO.: 305294150
STOMER			REGN NO.: SHA2432Z	MILEAGE
MS COMFORT TRA	ANSPORTATION PTE LTD	NACC	MAKE: TOYOTA	FUELF
DRESS 383 SIN MIN	NG DRIVE BINGAPORE 575717		MODEL PRIUS HYBRID(G4)09.05.2019 09:30
(R) 65508755	(0)	G	YR OF MANU. 07.09.2017	TARGET DATE
COUNT CARD NO.		B	CHASSIS CODE JTDKB3FU2035638	38 COMPLETION DATE/TIME:

JOB DESCRIPTION

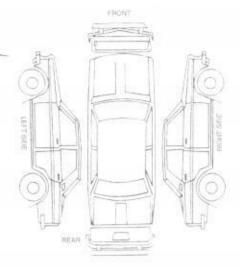
DESCRIPTION

Accident Date: 09.05.2019 NATURE: 3P 09.05.2019

S/NO

LABOR CODE

SOMPO - Left Pear, Left Fromt



HECKED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR Exit Pass rawledgement Slip Vehicle No.: 10. SHA2432Z SHA2432Z cle No.: Larry Ng Date Name of Service Advisor Signature/Date ie of Service Advisor To be kept by Security Guard e returned to Service Reception upon collection

REPAIR ESTIMATE

Date: 13.05.2019 Time: 16:40:16

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 : 305294150

REGN NO : SHA2432Z

MILEAGE : 0000000000

MAKE : TOYOTA

MODEL : PRIUS HYBRID(G4)

DATE OF REGN : 07.09.2017

DATE/TIME IN : 09.05.2019 09:30 JOB NO

: 305294150

ACCIDENT DATE : 09.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1 52.90 25.00 39.67
0002 04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1 52.90 25.00 39.67
0003 28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1 40.00 J 40.00
0004 28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1 30.00 30.00
0004 28-01-0302-2015-A	PROTESSIIII 1	30.00 30.00
0005 28-01-0302-0000-A	DEAD DUMBER	1 458.60 25.00 343.95
	DEAD DUMPER C	1 552.60 25.00 414.45
0007 04-01-0302-2287-G	THE S PODY PR COMB	1 557.90 25.00 418.42
0008 04-01-0302-0581-C	DODY BEAR	1 548.40 25.00 411.30
0009 04-01-0302-0796-0	ED ONT DUMBER	1 499.90 25.00 374.92
0010 04-01-0302-2292-7	TO DIEGE 10	22.00 25.00 16.50
0011 04-01-0302-2267-	G PRIVE BUMPER FILEE	1 3,455.00 25.00 2,591.25
0012 04-01-0302-2815-	G PRIG4 UNIT ASSY HEADLAMP	1 3,433.00 23.00 -1

SUB-TOTAL : 4,750.13

JOB NATURE

Date: 13.05.2019 Time: 16:40:16

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO : 305294150

REGN NO : SHA2432Z

MILEAGE : 0000000000

MAKE : TOYOTA

MODEL : PRIUS HYBRID(C

DATE OF REGN : 07.00 2017

DATE OF REGN : 07.09.2017 DATE/TIME IN : 09.05.2019 09:30 ACCIDENT DATE : 09.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 PB	PANEL BEATING (Rear)	200.00	
0000 PB 0001 23-502	SPRAYPAINT ON AFFECTED AREA	4	100.00
0001 23-302	WIRING CHARGE	20.00	
0003 L	REMOVE/REFIX REVERSE SENSOR		30.00
0004 PB	PANEL BEATING (Front)	200.00	
0005 23-502	SPRAYPAINT ON AFFECTED AREA		200.00
0006 17-01	CHECK ALL LIGHTING	20.00	SUB.TO

SUB-TOTAL : 1,070.00

TOTAL : 5,820.13

MVA NAME & SIGNATURE

DATE:

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

COMFORTDELGRO ENGINEERING

305294150 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 Our Job Ref No . : 13. May. 2019 Date FINALIZATION FORM Fax: LKK KALVIN Date of Accident: 9. May. 2019 Vehicle Reg No. : SHA2432Z The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-FP5445L SOMPO The repair job shall bill to: The finalized amount shall be: \$4,750.15 (a) Spare Parts after List discount \$1,070.00 (b) Labour Charges \$5,820.15 Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost working days. Estimated normal period for repairs: ___ 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days We confirm the estimates and Thank you for your assistance. finalized amount Signature: Signature : Name Larry Ng Date : 6214 8316 Tel : 6546 8156 Fax For Official Use Only Document Confirm By Remarks Attached (Signature) Amount Item Yes or No YES Rental Rate P/Day Loss of Income Paid Survey Fees 4. LTA Search Fee 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

Email: sur@lkkauto.com;assignments@lkkauto.com Tel: 6256-3561 Fax: 6844-8805

VEHICLE DAMAGE INSPECTION REPORT

Policy No:

Our File No:

D18MTMC01006068

Engine No:

Odometer:

Chassis No:

CS/SMO19008411/K1QD3N2

2ZRS062800

203548 km

JTDKB3FU203563838

Date:

FP5445L

28/05/2019

REFERENCE

Handling Insurer:

Sompo Insurance Singapore Pte.

Claimant

Vehicle No:

Date of Loss:

SHA2432Z

09/05/2019

No:

Insured Vehicle

TP Nature of Claim:

Claim No:

CMTD1902252

DESCRIPTION & IDENTIFICATION OF VEHICLE

Rea No:

Reg. Date:

Colour:

SHA2432Z

Make & Model:

TOYOTA PRIUS, 1.8 HYBRID CVT (A)

07/09/2017 (Man. Year: 2017)

Blue

Engine Capacity: Market Value/New Car

Price:

Sum Insured (S\$):

1798 cc

N/A

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side:

Front Right Side:

195/65 R15

Davanti 7 mm Davanti 7 mm Rear Left Side:

195/65 R15 Davanti 7 mm

Rear Right Side:

Rear Tyre Size:

Davanti 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts Miscellaneous Items	Repairer's 5,101.92 0.00	Adjuster's 4,750.15 0.00	351.77 0.00	Diff % 6.89
Labour Paintwork Labour	2,230.00 0.00	1,070.00 0.00	1,160.00 0.00	52.02
Towing	0.00	0.00	0.00	
Gross Total (S\$)	7,331.92	5,820.15	1,511.77	20.62
+ GST 7.00/7.00% (S\$)	513.23	407.41	105.82	20.62
Nett Amount (S\$)	7,845.15	6,227.56	1,617.59	20.62

INSPECTION

Date of Assignment:

10/05/2019

Date Inspected:

10/05/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

3.0 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

Version: 1.0 (Last Synchronised: 28 May 2019) Part Source: MRM-SG

TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue: Merimen Singapore 1.0) Parts: 144

(Price-denominated Standard List) Labour: Repairer's

Print Code: (Unsubmitted, no print-code for SHA2432Z) These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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 TRUNK LID LOGO (PRIUS)	Necessary	52.90 FL	*52.90 FL
2	1		*REAR TRUNK LID LOGO (HYBRID)	Necessary	52.90 FL	*52.90 FL
3	1		*REAR TRUNK LID LOGO (TOYOTA STAR) *REAR BUMPER	Not Necessary Deformed	47.00 FL 458.60 FL	*-FL *458.60 FL
5	1		*REAR BUMPER UNDER COVER *REAR BUMPER SIDE RETAINER	Cut Serviceable	552.60 FL 112.70 FL	*552.60 FL *- FL
7	10		*REAR BUMPER CLIPS *TAIL LAMP ASSY (UPPER)	Necessary Cracked	22.00 FL 557.90 FL	*22.00 FL *557.90 FL
9	1		*TAIL LAMP ASSY (LOWER) *FRONT BUMPER COVER	Cracked Deformed	548.40 FL 499.90 FL	
11	10		*FRONT BUMPER CLIPS *FRONT BUMPER SIDE RETAINER	Not Necessary Serviceable	22.00 FL 154.00 FL	*- FL *- FL
13	1		*UNIT ASSY,HEADLAMP,LH (LED) *REAR NO PLATE WITH TRIM COVER	Grazed Serviceable		*3,455.00 FL *- FS
15 16	1		*REAR TRUNK LID APPS STICKER *REAR TRUNK LID COMFORT & TEL NO STICKER	Necessary Necessary	40.00 FS 60.00 FS	
	F=Franchise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$) - List Item Discount on L Items 25.00/25.00% (S\$)			6,300.20 1,550.05		
			- List item Discount on Litems 2	Total Parts (S\$	· //2005/2012/2	4,750.15

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
Lab	our Items			
1	PANEL BEATING	New	800.00	400.00
2	SPRAY PAINTING CHARGE	New	1,200.00	600.00
3	WIRING CHARGE	New	100.00	40.00
4	TUFF KOTE	New	50.00	0.00
5	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
		Gross Labour Cost (S\$)	2,230.00	1,070.00
	Report was	s unsubmitted during this print-out.		

< END OF ESTIMATES >