

Surrey: Kelvin

REF: CC3/TM119008484/K1+d302

Estimate/Cost: _____
 Date: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MY
 To Insp'd Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: **SME7565K**
 Policy No. _____
 Claims No. _____
 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

Ver: 1/3 **SHD 3671C** (Reg: **18 Nov 2016**)
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota Prius** c.c. **1798**
 Colour: **Blue** A/C: **Ins** / Std / NI / NA
 Sp. Reading: **135536** T/Radio: **Ins** / Std / NI / NA
 Eng/No: _____
 C/No: **57PKB3F4303537605**
 Gen. Cond: Good / **6** / Poor / Burnt
 Steering: Inor **6** / Jammed / Leaked / Burnt or
 Brake: Inor **6** / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD **6** Rim or
 Tyre Size: F: **195/65R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO/YOKO or **Mich**
 Front: _____ Rear: _____
 R/Bal. **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **1** mm
 D.O.A. **13/5/19** D.O.I. **13/5/19**
 Survey held at **CDDE (Logan)**
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 3671C - CD3/A16091021318/N XX b.OA-20/09/2009 T.k2
	SME 7565K-X

14/5@ 5pm - Sent email to Tokio GIA & Estimate.
 16/5/19 Chmsd R/P \$1589.70 / 2B. (Red: 370/18%)

RECEIVED 18 MAY 2019

Date/Time, File Pass to? ☐ : Prel. Report1) 16/5 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **2**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insps (\$☐ : Photo (\$☐ : Other (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

250

10

260

TP

1589.70

16/5/2019

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 14 May 2019 5:00 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 07/05/2019, SHD 3671C (TP VEHICLE), SME 7565K (OI VEHICLE)
Attachments: SHD 3671C EST.pdf; SHD 3671C GIA .pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 3671C at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 13/5/2019

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

Kindly create claim in merimen for our necessary action.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

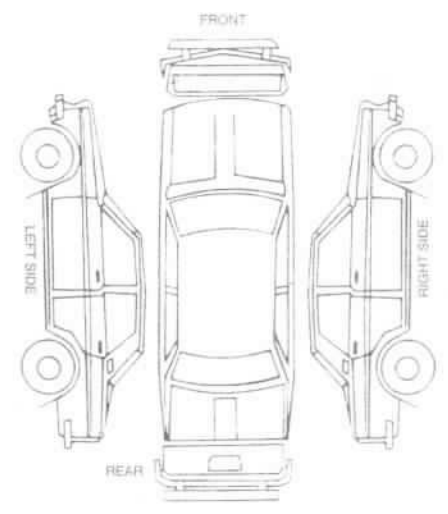
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Team: ARC Repair TP(CLSO)1		JOB CARD		Sales Order:		JC NO: 305295140	
CUSTOMER: FIRM: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.				REGN NO.: SHD3671C		MILEAGE	
				MAKE: TOYOTA		FUEL E.....1/2.....F	
				MODEL: PRIUS HYBRID(G4)		DATE/TIME IN: 13.05.2019 11:05	
				YR OF MANU: 18.11.2016		TARGET DATE	
				CHASSIS CODE: JTDKB3FU303537605		COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 13.05.2019
NATURE: 3P 13.05.2019

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

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Acknowledgement Slip

By: _____

On: _____

File No.: SHD3671C CHIANG

Signature/Date _____

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3671C

Name of Service Advisor _____

Date _____

To be kept by Security Guard

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	13/05/2019 12:19
Date Of Accident	13/05/2019 08:00
Exact Location Of Accident	CTE(CITY) BF CAIRNHILL EXIT (TUNNEL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3671C
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 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	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	LUA TUAN KIAN MICHAEL
NRIC No	S1356459J
Date Of Birth	27/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	06/06/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98395869
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 113 YISHUN RING ROAD #05-457
Postcode	760113
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	CHAIN COLLISION
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	3
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	SME7565K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JULENG KUA
NRIC/Passport Number	S9248625G
Contact Number	96329948
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK854C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
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.

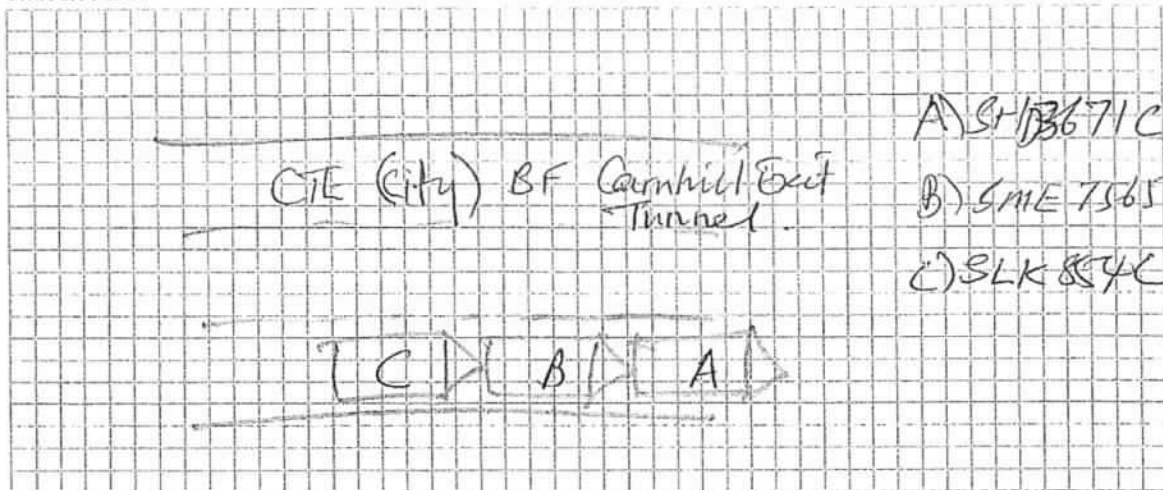
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/5/19 at about 2800h while I veh A
 slowed down because vehicle ahead slowed
 down. Vehicle B collided onto the rear
 of my vehicle. When I came out to
 check, it was realized that veh C
 was also involved in the chain collision.

DECLARATION

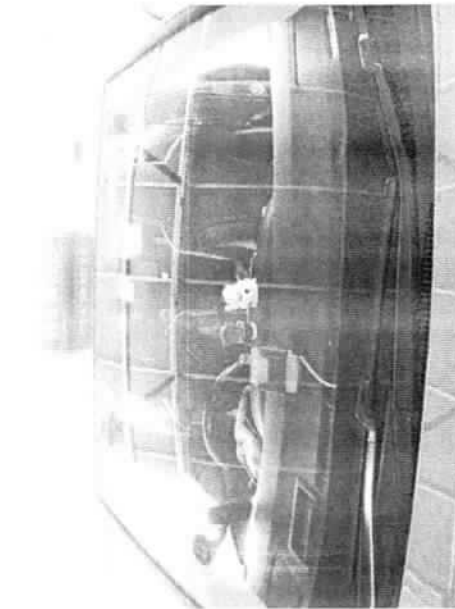
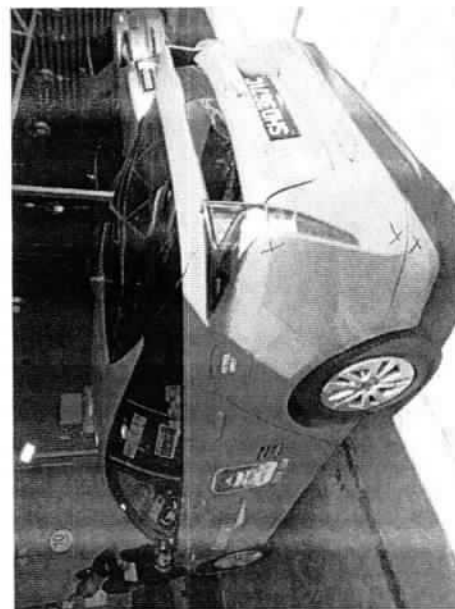
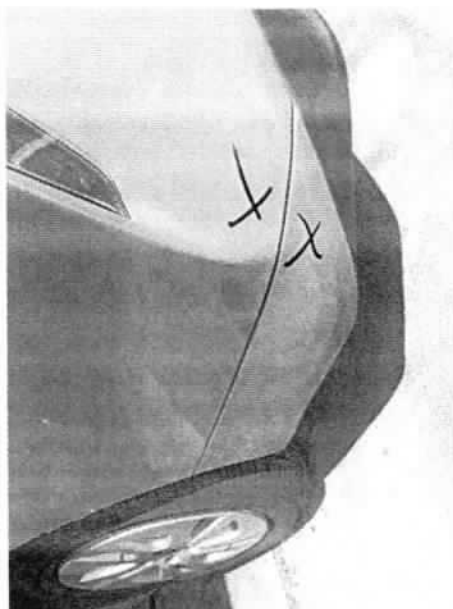
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

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.:



REPAIR ESTIMATE

VEHICLE NO: SHD 3671C

MAKE :

MODEL : TOYOTA PRIUS

13/5/2019 11:43

Westlake
195/65R15

Tokyo

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ 458.60
REAR BUMPER RE-INFORCEMENT			\$ 318.80
REAR BUMPER UNDER COVER			\$ 552.60
REAR BUMPER CLIPS			\$ 22.00
SUB TOTAL			\$ 1,352.00
LESS 25%			\$ 338.00
DISCOUNTED TOTAL			\$ 1,014.00
REAR BUMPER REVERSE SENSOR			\$ 135.70
LABOUR CHARGE			
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 300.00
Wiring Charge			\$ 30.00
Remove/Refix Reverse Sensor			\$ 80.00
Minimum fee			\$ 10.00
TOTAL LABOUR			\$ 810.00
ESTIMATE TOTAL			\$ 1,959.70
<p>Kahm 14/16/</p> <p>13/5/19 1515h</p> <p>2h,</p> <p>PIP</p> <p>Before Paint photo</p>			

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.

Our Job Ref No : 305295140
Date : 15/05/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LICK vac Fax :
Attn : KALVIN
Vehicle Reg No. : SHD3671C 13/05/2019

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

2. The repair job shall bill to: TOKIO SME7565K
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | <u>\$1,149.70</u> |
| (b) Labour Charges | <u>\$440.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$1,589.70</u> |
| (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 : [Signature] Signature : [Signature]
Name : CHIANG Name : Kalvin
Tel : 62148314 Date : 16/5/19
Fax : 65468156

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: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305295140
REGN NO : SHD3671C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 18.11.2016
DATE/TIME IN : 13.05.2019 11:05
ACCIDENT DATE : 13.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0002	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0004	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70	2.50-	135.70
0005	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10

SUB-TOTAL : 1,149.70

JOB NATURE

0000	PB	PANEL BEATING		200.00	
0001	SP	SPRAYPAINT CHARGE		200.00	
0002	20-22	REMOVE/REFIX REVERSE SENSOR		30.00	
0003	L	MERIMEN FEE	10.00		

SUB-TOTAL : 440.00

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

JOB NO : 305295140
REGN NO : SHD3671C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 18.11.2016
DATE/TIME IN : 13.05.2019 11:05
ACCIDENT DATE : 13.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,589.70

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'ed	Status
Main	15 May 2019		15 May 2019 11:36 Edit Adj Rpt	S\$1,589.70 Edit Estimates	S\$1,589.70 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
-------------	------------------	----------------------	------------------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	-, Co. Reg. No.: -		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD (1/3), Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD3671C	Date of Loss:	13/05/2019 08:00 - :59 [29 Months and 25 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1903492	Policy/Cover Note No.:	MT107996 (Comprehensive) Coverage: 15/10/2018 - 14/10/2019
Vehicle Reg. No. (Insured):	SME7565K	Policy No. (Claimant):	MCOM0015
		Excess:	S\$0.00
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]		
Claimant's Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 27/05/2019]		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.


















ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									
















Claim Documents

***SHD3671C (M1903492)**
[SME7565K]
TP
COMFORT TRANSPORTATION PTE LTD (1/3)
May 13 2019 8:00AM
[-]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos		Compose New Letter		View		View In Browser	
Video								1 per page		<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)						Thumbnail	Print	
1	15/05/19 10:09	Video - Accident From: SC - Reg. No: SME7565K, Claimant: JOLENE KUA HWEE MIN (2/3)							Load AVI	
Assessment Reports								1 per page		<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)						Thumbnail	Print	
1	15/05/19 10:09	Accident Statement From: SC - Reg. No: SME7565K, Claimant: JOLENE KUA HWEE MIN (2/3)							Load HTM	
Photos/Images								3 per page		<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)						Thumbnail	Print	
1	13/05/19 13:31	Accident Photo [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
2	13/05/19 13:31	Accident Photo [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
3	13/05/19 13:31	Accident Photo [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
4	13/05/19 13:31	Accident Photo [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
5	13/05/19 13:31	Accident Photo [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
6	13/05/19 13:31	Accident Photo [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
7	13/05/19 13:31	SCENE [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
8	13/05/19 13:31	SCENE [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
9	13/05/19 13:31	SCENE [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
10	13/05/19 13:31	SCENE [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
11	13/05/19 13:31	SCENE [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
12	13/05/19 13:31	SCENE [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
13	13/05/19 13:31	SCENE [Linked Accident Report Documents]							Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print	
1	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
2	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
3	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
4	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
5	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
6	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
7	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
8	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
9	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
10	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>
11	16/05/19 07:53	General View							Load JPG	<input checked="" type="checkbox"/>

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
12	16/05/19 07:53	General View	 Load JPG	<input checked="" type="checkbox"/>
13	16/05/19 07:53	General View	 Load JPG	<input checked="" type="checkbox"/>
14	16/05/19 07:53	General View	 Load JPG	<input checked="" type="checkbox"/>
15	16/05/19 07:53	General View	 Load JPG	<input checked="" type="checkbox"/>
16	16/05/19 07:53	General View	 Load JPG	<input checked="" type="checkbox"/>
17	16/05/19 07:53	General View	 Load JPG	<input checked="" type="checkbox"/>
18	16/05/19 07:53	General View	 Load JPG	<input checked="" type="checkbox"/>
19	16/05/19 07:53	General View	 Load JPG	<input checked="" type="checkbox"/>
20	16/05/19 07:54	Replacement Part Photo	 Load JPG	<input checked="" type="checkbox"/>
21	16/05/19 07:54	Replacement Part Photo	 Load JPG	<input checked="" type="checkbox"/>
22	16/05/19 07:54	Replacement Part Photo	 Load JPG	<input checked="" type="checkbox"/>
23	16/05/19 07:54	Replacement Part Photo	 Load JPG	<input checked="" type="checkbox"/>
24	16/05/19 07:54	Replacement Part Photo	 Load JPG	<input checked="" type="checkbox"/>
25	16/05/19 07:54	Replacement Part Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	15/05/19 11:34	EST	 Load PDF	
2	15/05/19 11:35	LKK NOTIFICATION TO SURVEY CDGE-ASSIGNED	 Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	13/05/19 12:23	Sketch Plan [Linked Accident Report Documents]	 Load TIF	

Linked Accident Report Documents

			View	View in Browser
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	13/05/19 13:31	Accident Statement	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	13/05/19 13:31	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
2	13/05/19 13:31	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
3	13/05/19 13:31	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
4	13/05/19 13:31	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
5	13/05/19 13:31	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
6	13/05/19 13:31	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
7	13/05/19 13:31	SCENE	 Load JPG	<input checked="" type="checkbox"/>
8	13/05/19 13:31	SCENE	 Load JPG	<input checked="" type="checkbox"/>
9	13/05/19 13:31	SCENE	 Load JPG	<input checked="" type="checkbox"/>
10	13/05/19 13:31	SCENE	 Load JPG	<input checked="" type="checkbox"/>
11	13/05/19 13:31	SCENE	 Load JPG	<input checked="" type="checkbox"/>
12	13/05/19 13:31	SCENE	 Load JPG	<input checked="" type="checkbox"/>
13	13/05/19 13:31	SCENE	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	13/05/19 12:23	Sketch Plan	 Load TIF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div></div>
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19008484/K1TD3E2

Date: 22/05/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MT107996

Claimant Vehicle No : SHD3671C

Insured Vehicle No : SME7565K

Date of Loss: 13/05/2019

Nature of Claim: TP

Claim No: M1903492

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD3671C

Make & Model: TOYOTA PRIUS, 1.5 HYBRID (A)

Reg. Date: 18/11/2016 (Man. Year: 2016)

Colour: Blue

Engine Capacity: 1798 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: 2ZRR963274

Chassis No: JTDKB3FU303537605

Odometer: 135536 km

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	1,149.70	1,149.70	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	820.00	440.00	380.00	46.34
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,969.70	1,589.70	380.00	19.29
+ GST 7.00/7.00% (S\$)	137.88	111.28	26.60	19.29
Nett Amount (S\$)	2,107.58	1,700.98	406.60	19.29

INSPECTION

Date of Assignment: 15/05/2019

Date Inspected: 13/05/2019 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: DENISE TAY KWEE CHENG

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

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 22 May 2019)
Parts: 144	TOYOTA PRIUS 1.5 HYBRID (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD3671C)
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 RE-INFORCEMENT	Bent	318.80 FL	*318.80 FL
3	1		*REAR BUMPER UNDER COVER	Cracked	552.60 FL	*552.60 FL
4	1		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
5	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
					Sub Total (S\$)	1,487.70
					- List Item Discount on L Items 25.00/25.00% (S\$)	338.00
					Total Parts (S\$)	1,149.70

F=Franchise part. S=SpcNett. L=ListItemDisc.

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	30.00	0.00
4	REMOVE / REFIX REVERSE SENSOR	New	80.00	30.00
5	MERIMEN FEE	New	10.00	10.00
Gross Labour Cost (S\$)			820.00	440.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >