

(08/11/13)

Surrey: Kelvin

REF:

CE3/TMI1900 8666/KISD307

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBF 6622K

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

Veh No: SHB 6223D Yr Regn: 30 May 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1700Colour: B/c A/C: Insured / Std / NI / NASp. Reading: 289657 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD/KB3F4001557418Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 14/5/19 D.O.I. 15/5/19Survey held at CPGE (Loyans)

Des. of Damages: Frt / 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
	SHB 6223D - NS/INC/1007516/H/ghd1
	GBF 6622K - X
23/5/19	Colored PIP 976.65 / 2021
	(\$ 1,117.58 Red - 53%)

RECEIVED 27 MAY 2019

Date/Time, File Pass to?

27/05/19

1) Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 250

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) 976.65 PIP

10

260

COMFORTDELGRO

Date/Time: 15.05.2019 15:23

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305295870

OMER

REGN NO.:

SHB6223D

MILEAGE

IS

COMFORT TRANSPORTATION PTE LTD

OMER NO.

7010045

MAKE:

TOYOTA

FUEL

IESS

383 SIN MING DRIVE

MODEL

PRIUS HYBRID(G4)15.05.2019 11:15

Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

YR OF MANU.

30.05.2017

TARGET DATE

Tokio Marine

CHASSIS CODE

JTDKB3FU003557438

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

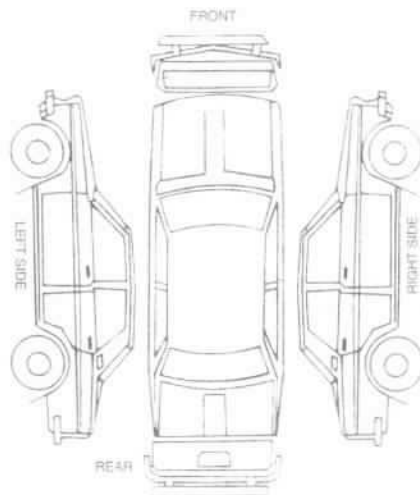
Accident Date: 14.05.2019

NATURE: 3P 14.05.2019

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.:

SHB6223D

LKE

Vehicle No.:

SHB6223D

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

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	15/05/2019 13:55
Date Of Accident	14/05/2019 08:30
Exact Location Of Accident	JLN BUKIT MERAH>> HENDERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6223D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	JAU AH KUANG
NRIC No	S2564113B
Date Of Birth	03/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1988
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90586097
Fax Number	
Contact Number	
EEmail Address	ANANDAJAU@GMAIL.COM

Address	177 10-251 BATOK WEST AVENUE 8
Postcode	650177
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)	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

SEE ATTACH.

Attachment(s)

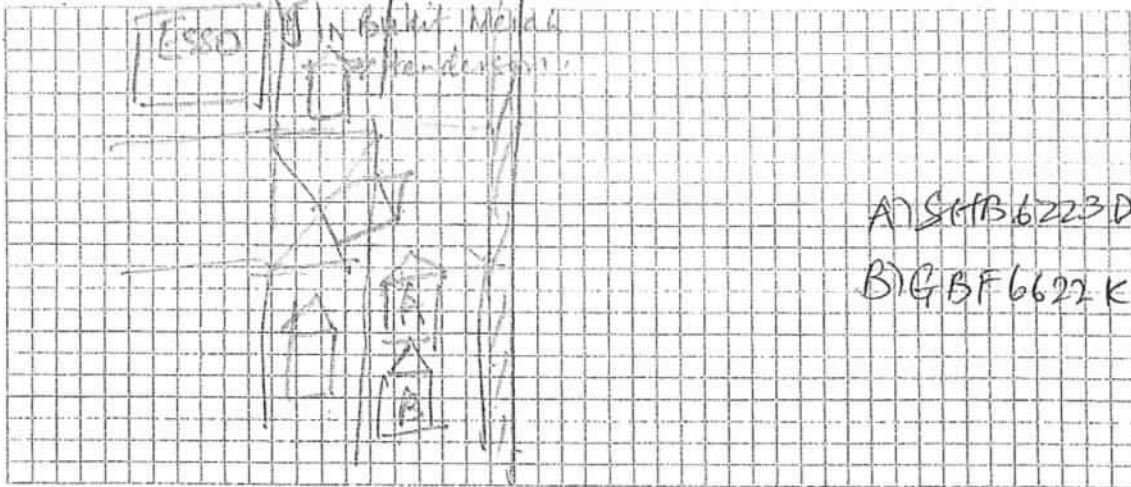
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF6622K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	91380881
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/5/19 at about 0830hrs while I Veh A stopped because a taxi was intercepting from the left onto my lane, Veh B collided onto the rear of my stationary vehicle

DECLARATION

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

COMFORT TRANSPORTATION FIELD
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

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:

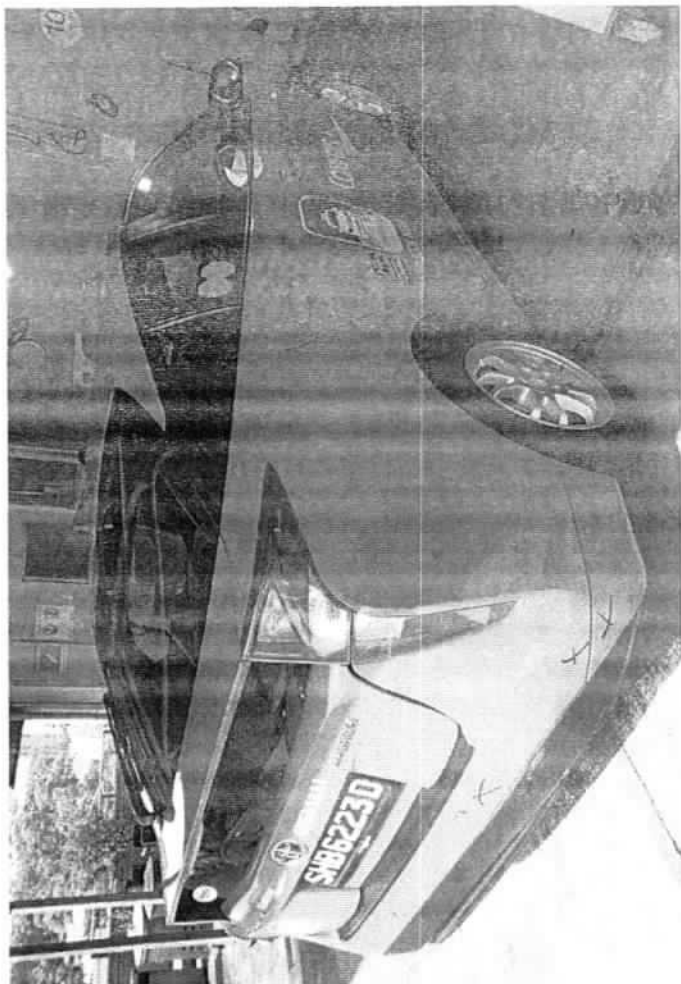
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

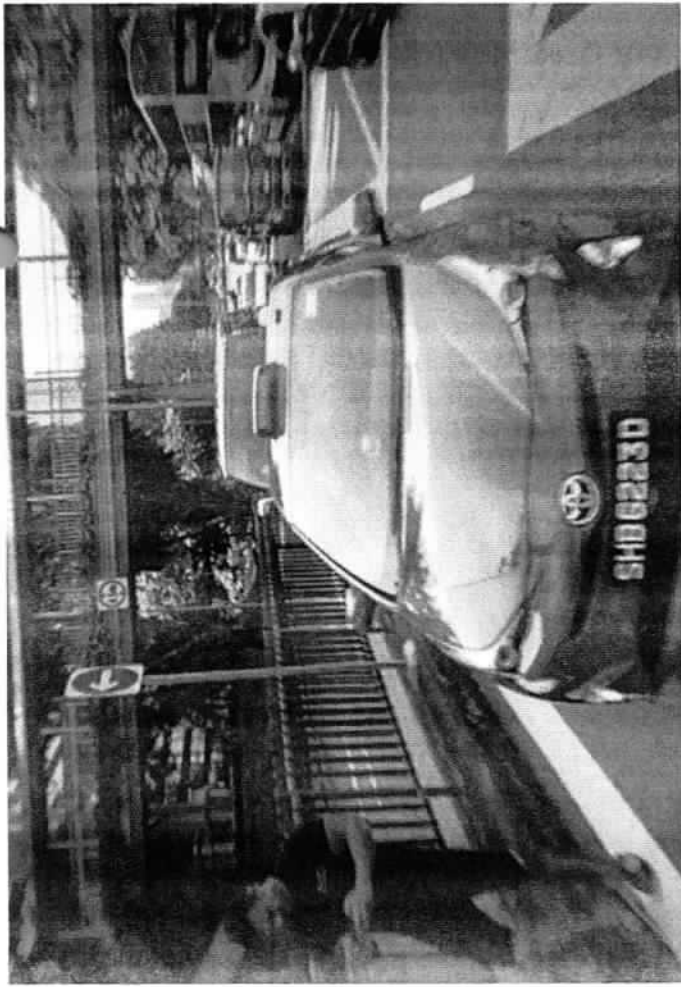
OMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303321R

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: SHB 6223D

15/5/2019 14:54

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X repair</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>X 5m</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>- Panel</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X 5m</i>			\$ 112.70
REAR BUMPER CLIPS <i>- 20</i>			\$ 22.00
SUB TOTAL			\$ 1,464.70
LESS 25%			\$ 366.18
DISCOUNTED TOTAL			\$ 1,098.53
REAR BUMPER REVERSE SENSOR <i>- 5000</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>X 2</i>			\$ 50.00
			\$ 185.70
LABOUR CHARGE			
Panel Beating			\$ 400.00 <i>200</i>
Spray Painting Charge			\$ 300.00 <i>200</i>
Wiring Charge			\$ 30.00 <i>X 5</i>
Remove/Refix Reverse Sensor			\$ 80.00 <i>X 2</i>
<i>Marina Fee</i>			\$ 10 <i>10</i>
TOTAL LABOUR			\$ 810.00
ESTIMATE TOTAL			\$ 2,094.23

NETT

NETT

Kah 16/04

15/5/19 1530h

2 by,

P/P

After Repair photo.

• To display the subject of the repair
 • Parts prices are subject to a 10% discount
 • Third party survey is on a 10% discount
 • No illegal modification(s) is allowed
 • Supplementary item(s) must be surveyed and
 is subject to final approval from Insurance Company
 Acknowledged by Repairer

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305295870
Date : 21.05.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHB6223D CTPL

Fax :

14.05.19

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

1. The repair job shall bill to: TOKIO MARINE GBF6622K
2. The finalized amount shall be:


(a) Spare Parts after List discount	<u>\$566.65</u>
(b) Labour Charges	<u>\$410.00</u>
Total for Part-By-Part Repair Cost	<u>\$976.65</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>


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 KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kohn
Date : 23/5/19

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 : 305295870
REGN NO : SHB6223D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.05.2017
DATE/TIME IN : 15.05.2019 11:15
ACCIDENT DATE : 14.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	L	552.60	25.00	414.45
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	L	22.00	25.00	16.50
0003	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	N	135.70	2.50-	135.70

SUB-TOTAL : 566.65

JOB NATURE

0000	L	MERIMEN CHARGE	10.00
0001	L	PANEL BEATING	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 410.00

TOTAL : 976.65

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	15 May 2019 Sendback Est	15 May 2019 17:21 S\$2,104.22	16 May 2019 11:17 Edit Adj Rpt	S\$976.65 Edit Estimates	S\$976.65 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: SWIFT BATTERY SPECIALIST , Co. Reg. No.: 53342722C									
Main Claimant: CTPL									
Vehicle Reg. No.: SHB6223D		Date of Loss: 14/05/2019 00:00 - :59 [23 Months and 14 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / M1903541		Policy/Cover Note No.: MS001514 (Comprehensive) Coverage: 01/02/2019 - 31/01/2020							
Vehicle Reg. No. (Insured): GBF6622K		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 Dillen Senthilan so Selvarajoo]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 28/05/2019]									
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

SHB6223D (M1903541)
[GBF6622K]
TP
CTPL
May 14 2019 12:00AM
[SWIFT BATTERY SPECIALIST]
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	15/05/19 17:21	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	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
2	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
3	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
4	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
5	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
6	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
7	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
8	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
9	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
10	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
11	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
12	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
13	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
14	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
15	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
16	17/05/19 08:34	General View	Load JPG	<input checked="" type="checkbox"/>
17	17/05/19 08:34	General View	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	28/05/19 09:52	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee	Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	15/05/19 17:23	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) <div> <div></div> <div></div> </div>			
Show Remarks To: <input type="checkbox"/> Repairer <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/TMI19008666/K1SD3E2

Date: 31/05/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MS001514

Claimant Vehicle No : SHB6223D

Insured Vehicle No : GBF6622K

Date of Loss: 14/05/2019

Nature of Claim: TP

Claim No: M1903541

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB6223D

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

Engine No: 2ZRS044569

Reg. Date: 30/05/2017 (Man. Year: 2017)

Chassis No: JTDKB3FU003557438

Colour: Blue

Odometer: 289657 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: Yokohama 7 mm

Rear Left Side: Yokohama 7 mm

Front Right Side: Yokohama 7 mm

Rear Right Side: Yokohama 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,284.22	566.65	717.57	55.88
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	810.00	400.00	410.00	50.62
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,104.22	976.65	1,127.57	53.59
+ GST 7.00/7.00% (S\$)	147.30	68.37	78.93	53.58
Nett Amount (S\$)	2,251.52	1,045.02	1,206.50	53.59

INSPECTION

Date of Assignment: 16/05/2019 Present Location:

ComfortDelGro Engineering Pte Ltd
(Loyang)

Date Inspected: 15/05/2019 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: Hiew May Fung

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: 31 May 2019)
Parts: 144	TOYOTA PRIUS TAXI 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHB6223D)	
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	Repair	458.60 FL	*- FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	318.80 FL	*- FL
3	1		*REAR BUMPER UNDER COVER	Deformed	552.60 FL	*552.60 FL
4	1		*REAR BUMPER SIDE RETAINER	Serviceable	112.70 FL	*- FL
5	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 F	*135.70 FS
7	1		*REAR BUMPER RUDDER MAT	Not Necessary	50.00 F	*- FS
					Sub Total (\$\$)	1,650.40 710.30
					- List Item Discount on L Items 25.00/25.00% (\$\$)	366.18 143.65
					Total Parts (\$\$)	1,284.22 566.65

F=Franchise part. S=SpcNett. 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 CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	0.00
Gross Labour Cost (S\$)			810.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >