

ASS. REC. BY:

REF: CS/SM019009050/CLVD302

Special Instruction:

Surveyor: KalvinASSIGNMENT (Office)From (Person): Agnes Chan Shu Hui of SMODate/Time: 23.5.19 9:09am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHD 3679 GInsured: SLX 67292at Workshop m/s Comfort delgro EngineeringTel: 674 8300of 59 Loyang DrivePolicy No: D19MTPV 01005434Claim No: CMTD1902432

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 19.5.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 23.5.19 9:19am

Person Contacted:

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SHD 3679 G - CS / FC1 18013746 / Acd 3ed
	SLX 67292 - x
<u>24/5/19</u>	<u>Send preli revised via merimen</u>

merimen

"up"

Surveyor

Kahin

REF: SMO

ASSIGNMENT

From:

Date: 23.5.2019

Veh No:

SHD 36796

Yr Regn: 7 Oct 2016

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

SHD 36796

Make:

Toyota Prius

C.C.

1798

at Workshop m/s

Comfortadegro

Colour:

Blue

A/C:

Insured

Std / NI / NA

of

59 Loyang Drive

Sp. Reading

392258

T/Radio: Insured

Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

J 70K B3F4 2035 33433

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD / A/Rim or

(Policy Condition)

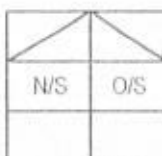
Tyre Size:

F:

195/65R15

R:

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



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

TOYO / YOKO or

Davanti

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

7

mm

R/Bal.

7

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

7

mm

L/Bal.

7

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

19/5/19

D.O.I.

23/5/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

CPHE (Loyang)

CA / REV / REP. / 24 HRS

"up"

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

Rear

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

29/5/19

What R/P \$ 754.28/5 Hrs. (Red 3498.87, 3019)

RECEIVED 30 MAY 2019

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

5

1)

☐

: Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

2) 30/5 - typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

merimen

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

754.28

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

350

10

360

Signature
30/5/2019

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: 24 May 2019

Preliminary Advice

Insured Vehicle No	: SLX6729Z	Accident Date	: 19/05/2019
TP Vehicle No	: SHD3679G	Assignment Date	: 23/05/2019
Make	: TOYOTA PRIUS TAXI	Est. Duration of Repair	: 5
Date of Inspection	: 23/5/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	11,020.15
Revised Amount	:S\$	7,521.28
Check Items (Estimated)	:S\$	482.55
Total	:S\$	8,003.83

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.

☐ The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

☒ Other comments :The above survey was conducted on a 'Without Prejudice' basis.

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 May 2019		23 May 2019 09:07 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	LIM SUAN KEE, ID: S7119880D, Tel: +6597832701			[Created by insurer]
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R			
Vehicle Reg. No.:	SHD3679G	Date of Loss:	19/05/2019 23:00 - :59	
Claim Type:	TP / CMTD1902432	Policy/Cover Note No.:	D19MTPV01005434 (Comprehensive)	
Vehicle Reg. No. (Insured):	SLX6729Z	Policy No. (Claimant):		
		Excess:		
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by CHAN SHU HUI AGNES - 6329 5327]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/06/2019]			
Driver/Custodian (Insured):	HAY JIA JUN JOSHUA (), NRIC: S9344005F, Tel: +6596914080 Email:			
Adj Asg. Remarks:	WS: JUMANI BIN MASUDIN 62148315 / 96355305			

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.									

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	21/05/2019 16:03
Date Of Accident	19/05/2019 23:15
Exact Location Of Accident	CLEMENTI AVE 2 SLIP ROAD TOWARDS CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3679G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	EDWARD B S TANG MCCAIN @ TANG BOON SING
NRIC No	S1276715C
Date Of Birth	01/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84330733
Fax Number	
Contact Number	
Email Address	ETMCCAIN@GMAIL.COM

Address	BLK 4 BEACH ROAD #05-4959
Postcode	190004
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ROCHOR N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190520/2081

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	SLX6729Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	SOMPO INSURANCE SINGAPORE PTE. LTD.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	EDWARD B S TANG MCCAIN @ TANG BOON SING
Approximate Age	62
Injuries Sustain	BACK, NECK , SPINNER FEEL PAIN. ON 3 DAYS MC.
Injured person in which vehicle?	SHD3679G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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: 21/05/19
1345hrs

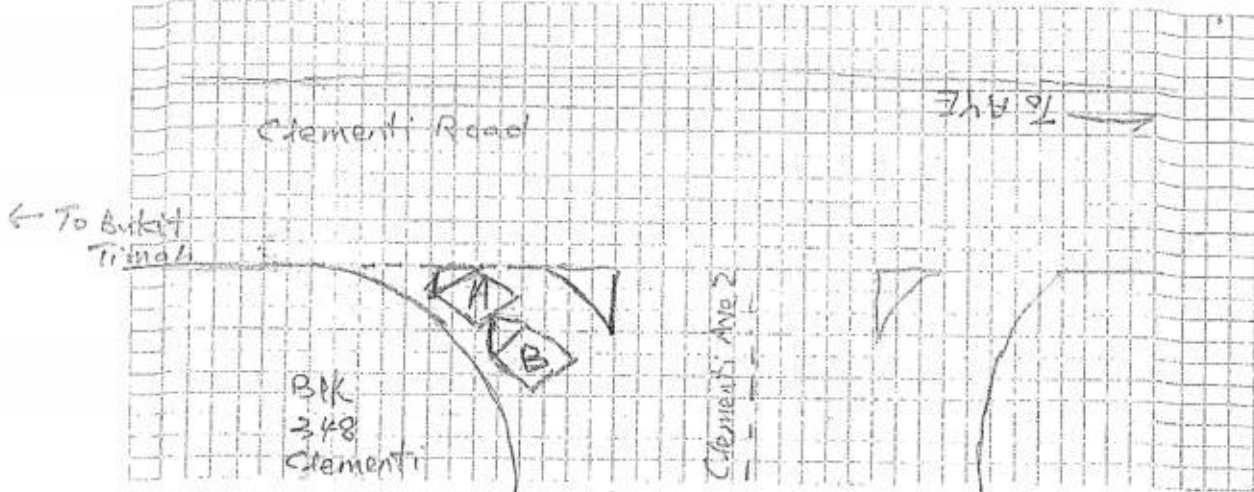
Fauzy
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINRAAC SketchPlanForm_V3




Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


◀A▶ SHD3679G	◀B▶ SLX6729Z
On 19/05/2019 about 2315 hrs. I was driving SHD3679G along Clementi Ave 2 slip road into Clementi Road.	
I slowed down at the slip road to check for traffics from my right side before I would filter to the left.	
Mean time I felt the great impact from my rear and caused my vehicle to roll forward for about 5 meters.	
I felt dizziness at all times and was conveyed to hospital N.U.C.	
 Edward B.S. Tang McCain. S1276715-C 21/05/19 1345 hrs	

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: 21/05/19
 1345 hrs

Fauzy


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



**SINGAPORE
POLICE FORCE**



T/20190520/2081

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20190520/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/05/2019 18:36		Vide Report No.: D/20190519/0200		Station Diary No.: 145	
Informant's Particulars					
Name of Informant: EDWARD B S TANG MCCAIN			Address: APT BLK 4 BEACH ROAD #05-4959 SINGAPORE 190004		
ID Type / ID No.: NRIC NO / S1276715C			Contact No.: Home/Office: Mobile: 84330733		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 01/01/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/05/2019 23:15	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI AVENUE 2 CLEMENTI ROAD CLEMENTI AVE 2 SLIP ROAD INTO CLEMENTI RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD3679G	Car				Seriously Damaged	0
SLX6729Z	Car					4

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190520/2081

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190520/2081

CONTINUATION OF REPORT

Driver			
Name	EDWARD B S TANG MCCAIN	ID No.	S1276715C
Related Vehicle	SHD3679G (Car)	Contact No.	84330733
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/05/2019	Date Discharge	20/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HAY JIA JUN, JOSHUA	ID No.	NIL
Related Vehicle	SLX6729Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/05/2019, at about 2315hrs, I was driving Comfort Delgro taxi vehicle SHD3679G along Clementi Ave 2 slip road into Clementi Road. Upon reaching the slip road, I slowed down to check for traffic from my right before filtering to my left. I then felt impact from my vehicle's rear which caused my vehicle to roll forward for a few meters. I then felt dizziness while I alighted the vehicle to check on the vehicle and the other party's vehicle (SLX6729Z). I then called my company which I was advised to call for police.

Subsequently, I was conveyed to hospital. My vehicle rear was dented inwards and my vehicle was towed back to company.



SINGAPORE
POLICE FORCE



T/20190520/2081

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20190520/2081

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /
Sgt 2 ONG CINDY

Signature Of Interpreter:
Not applicable

Signature Of Informant:

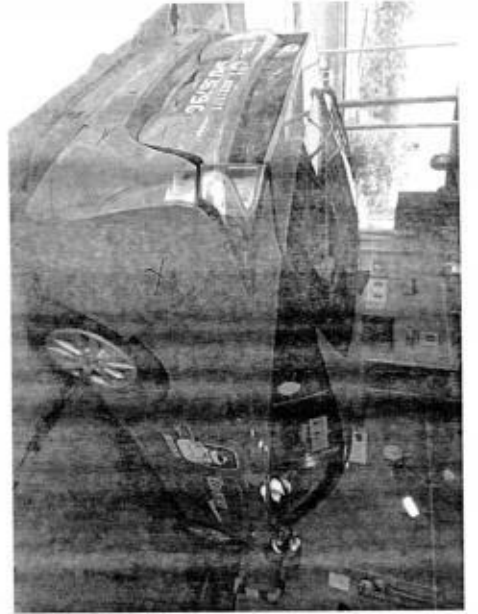
Date/Time:
20/05/2019 18:36

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No: 65476202

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force





REPAIR ESTIMATE

VEHICLE NO: SHD 3679G

22/5/2019 10:24

MAKE :
MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <i>Best</i>			\$ 1,126.60
REAR TRUNK LID LOCK <i>X sue</i>			\$ 457.90
REAR TRUNK LID COVER TRIM BOARD <i>X sue</i>			\$ 254.40
REAR TRUNK LID RUBBER <i>X sue</i>			\$ 365.20
REAR TRUNK LID GLASS (BLACK COLOR) <i>nee</i>			\$ 733.50
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>nee</i>			\$ 889.70
REAR TRUNK LID LOGO (PRIUS) <i>nee</i>			\$ 52.90
REAR TRUNK LID LOGO (HYBRID) <i>nee</i>			\$ 52.90
REAR TRUNK LID LOGO (TOYOTA STAR) <i>nee</i>			\$ 47.00
REAR BUMPER <i>Best</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>Best</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>nee</i>			\$ 552.60
REAR BUMPER UNDER SIDE COVER (LH) <i>X sue</i>			\$ 232.00
REAR BUMPER TOWING COVER <i>nee</i>			\$ 82.70
REAR BUMPER CLIPS <i>nee</i>			\$ 22.00
ARM SUB-ASSY, REAR BUMPER, LH <i>X sue</i>			\$ 139.60
RETAINER, REAR BUMPER, SIDE, RH <i>X sue</i>			\$ 94.80
RETAINER, REAR BUMPER, SIDE, LH <i>X sue</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, LH <i>X sue</i>			\$ 148.40
TAIL LAMP ASSY (UPPER) (LH/RH) <i>X sue</i>		\$ 557.90	\$ 1,115.80
TAIL LAMP ASSY (LOWER) (LH/RH) <i>LH sue RH X sue</i>		\$ 548.40	\$ 1,096.80
REAR END PANEL <i>Best</i>			\$ 602.10
REAR END PANEL GARNISH <i>X sue</i>			\$ 165.80
REAR SPARE TYRE CHUSHION (FLR BOARD CENTRE) <i>X</i>			\$ 101.40
REAR WINDSCREEN GLASS WITH MOULDING <i>nee</i>			\$ 1,778.30
SUB TOTAL			\$ 10,984.60
LESS 25%			\$ 2,746.15
DISCOUNTED TOTAL			\$ 8,238.45
REAR NO. PLATE WITH TRIM COVER <i>nee</i>			\$ 100.00 NETT
REAR TRUNK LID APPS STICKER <i>nee</i>			\$ 40.00 NETT
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>nee</i>			\$ 60.00 NETT
REAR BUMPER REVERSE SENSOR <i>Best</i>			\$ 135.70 NETT
REAR BUMPER RUBBER MAT <i>nee</i>			\$ 50.00 NETT
REAR WINDSCREEN SEALANT <i>nee</i>			\$ 46.00 NETT
			\$ 431.70

SHD 3679G

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LABOUR CHARGE			800
Panel Beating		\$	1,000.00
Spray Painting Charge		\$	750.00 600
Wiring Charge		\$	50.00 20
Tuff Kote		\$	50.00 20
Remove/Refix Cushion & Upholstery Rear		\$	150.00 50
Remove/Refix Rear Windscreen Glass		\$	120.00 100
Remove/Refix Reverse Sensor		\$	80.00 30
Towing - Kingdolly		\$	150.00 120
TOTAL LABOUR		\$	2,200.00
ESTIMATE TOTAL		\$	10,870.15
			11,020.15

Kahin 10/1/19
N 23/5/19 1040 hrs
5 Days
PIP
Before part phA

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.



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>20/5/19</u> Time Received: <u>00.00AM</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>MR EDWARD</u> Contact No.: <u>84336233</u> Vehicle No.: <u>A SH1036796</u> Make / Model / Colour: <u>T/Pruns</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____ _____

7. Location: <u>34B CLEMSON AVE S, MINN RO</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading: <u>392258km</u> Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
---	--

Job Attended		<p># : Cracked X : Dented / : Scratched O : Missing</p> <p>Signature of Customer: <u>[Signature]</u></p>
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver: <u>JIA WANG</u> Vehicle No.: <u>Y904</u> Time Dispatch: <u>0000AM</u> Time of Arrival: <u>0043AM</u> Time Completed: <u>01.50AM</u>		

Cash Invoice Details (if applicable)
13. Cash Invoice No.: _____

Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
Date: <u>20/5/19</u>	Time: <u>0043AM</u>	Signature of Customer: <u>[Signature]</u>

14. WORKSHOP		
Name of Attending Staff/Guard: _____	Date & Time of Arrival: _____	Signature of Attending Staff/Guard: _____

COMFORTDELGRO

Date/Time: 21.05.2019 17:18

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305296947

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

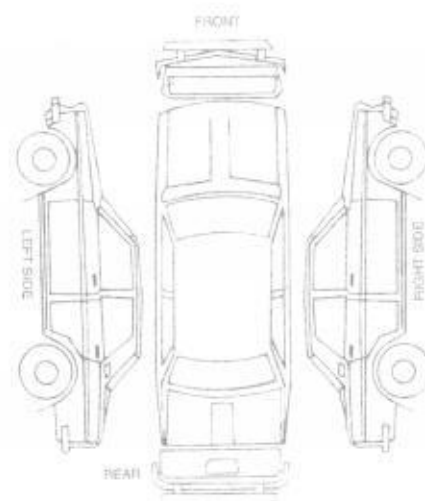
REGN NO:	SHD3679G	MILEAGE
MAKE:	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 19.05.2019 23:15
YR OF MANU	07.10.2016	TARGET DATE
CHASSIS CODE	JTDKB3FU203533433	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 19.05.2019
NATURE: 3P 19.05.19

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHD3679G

JU SOMPO

Vehicle No.:

SHD3679G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 29.05.2019

Time: 11:47:43

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 : 305296947
 REGN NO : SHD3679G
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 07.10.2016
 DATE/TIME IN : 19.05.2019 23:15
 ACCIDENT DATE : 19.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2346-G	PRIG4 GARNISH SUB ASSY BA	1	889.70	25.00	667.27
0002	04-01-0302-2256-G	PRIG4 PANEL SUB-ASSY BACK	1	1,126.60	25.00	844.95
0003	04-01-0302-2257-G	PRIG4 GLASS BACK WINDOW F	1	733.50	25.00	550.12
0004	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00	25.00	35.25
0005	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0006	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0007	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1 N	40.00	2.50-	40.00
0008	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1 N	30.00	0.25	30.00
0009	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1 N	30.00	0.03-	30.00
0010	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0011	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10
0012	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0013	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.05.2019

Time: 11:47:43

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305296947
 REGN NO : SHD3679G
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 07.10.2016
 DATE/TIME IN : 19.05.2019 23:15
 ACCIDENT DATE : 19.05.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0302-2267-G PRIVC BUMPER PIECE	10		22.00	25.00	16.50
0015 04-01-0302-2383-G PRIG4 PANEL SUBASSY BODY	1		602.10	25.00	451.57
0016 04-01-0302-0796-G PRIG4 LENS AND BODY REAR	1		548.40	25.00	411.30
0017 04-01-0302-2258-G PRIG4 GLASS BACK DOOR	1		1,778.30	25.00	1,333.72
0018 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY	1	N	135.70	2.50-	135.70
0019 04-01-0302-1150-A PRIG4 BUMPER PROTECTOR MA	1	N	50.00	0.25	50.00
0020 05-01-0199-0032-A (ALL)WINDSCREEN AHESIVE-3	2	N	46.00	0.03-	46.00

SUB-TOTAL : 5,781.24

JOB NATURE

0000 23-01	TOWING FEE - KING DOLLY	120.00
0001 PB	PANEL BEATING	800.00

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

JOB NO : 305296947
REGN NO : SHD3679G
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 07.10.2016
DATE/TIME IN : 19.05.2019 23:15
ACCIDENT DATE : 19.05.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 SP	SPRAYPAINT CHARGE	600.00				
0003 17-01	CHECK ALL LIGHTING	20.00				
0004 20-00	TUFF COAT ON AFFECTED PARTS.	20.00				
0005 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	50.00				
0006 L	RENEW REAR WINDSCREEN GLASS	100.00				
0007 L	REMOVE/REFIX REVERSE SENSOR	30.00				
SUB-TOTAL						: 1,740.00
TOTAL						: 7,521.24

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 30529647
Date : 28/05/2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHD3679G

Fax :
Date of Accident : 19/05/2019


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


- The repair job shall bill to: SOMPO --- SLX6729Z
###
- The finalized amount shall be:
(a) Spare Parts after List discount
(b) Labour Charges ###
Total for Part-By-Part Repair Cost
NI
(c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

5781.28
1740.00
7521.28

- Estimated normal period for repairs: 5 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kahr
Date : 29/5/19

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:

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: CS/SMO19009050/K1VD3N2

Date: 31/05/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D19MTPV01005434
Claimant Vehicle No :	SHD3679G	Insured Vehicle No :	SLX6729Z
Date of Loss:	19/05/2019	Nature of Claim:	TP
		Claim No:	CMTD1902432

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD3679G	Engine No:	2ZRR941142
Make & Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Chassis No:	JTDKB3FU203533433
Reg. Date:	07/10/2016 (Man. Year: 2016)	Odometer:	392258 km
Colour:	Blue		
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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Davanti 7 mm	Rear Left Side:	Davanti 7 mm
Front Right Side:	Davanti 7 mm	Rear Right Side:	Davanti 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	8,670.15	5,781.27	2,888.88	33.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,350.00	1,740.00	610.00	25.96
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	11,020.15	7,521.27	3,498.88	31.75
+ GST 7.00/7.00% (S\$)	771.41	526.49	244.92	31.75
Nett Amount (S\$)	11,791.56	8,047.76	3,743.80	31.75

INSPECTION

Date of Assignment:	23/05/2019	
Date Inspected:	23/05/2019 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969

Estimated Period of Repair: 5.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

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

Different 1 cents -Finalise confirm amount: \$7,521.28

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 SHD3679G)	
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 TRUNK LID COVER	Bent	1,126.60 FL	*1,126.60 FL
2	1		*REAR TRUNK LID LOCK	Serviceable	457.90 FL	*- FL
3	1		*REAR TRUNK LID COVER TRIM BOARD	Serviceable	254.40 FL	*- FL
4	1		*REAR TRUNK LID RUBBER	Serviceable	365.20 FL	*- FL
5	1		*REAR TRUNK LID GLASS (BLACK COLOUR)	Necessary	733.50 FL	*733.50 FL
6	1		*GARNISH SUB-ASSY,BACK DOOR,OUTSIDE	Cracked	889.70 FL	*889.70 FL
7	1		*REAR TRUNK LID LOGO (PRIUS)	Necessary	52.90 FL	*52.90 FL
8	1		*REAR TRUNK LID LOGO (HYBRID)	Necessary	52.90 FL	*52.90 FL
9	1		*REAR TRUNK LID LOGO (TOYOTA STAR)	Necessary	47.00 FL	*47.00 FL
10	1		*REAR BUMPER	Deformed	458.60 FL	*458.60 FL
11	1		*REAR BUMPER RE-INFORCEMENT	Bent	318.80 FL	*318.80 FL
12	1		*REAR BUMPER UNDER COVER	Cracked	552.60 FL	*552.60 FL
13	1		*REAR BUMPER UNDER SIDE COVER (LH)	Repair	232.00 FL	*- FL
14	1		*REAR BUMPER TOWING COVER	Cracked	82.70 FL	*82.70 FL
15	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
16	1		*ARM SUB-ASSY,REAR BUMPER,LH	Serviceable	139.60 FL	*- FL
17	1		*RETAINER,REAR BUMPER,SIDE,RH	Serviceable	94.80 FL	*- FL
18	1		*RETAINER,REAR BUMPER,SIDE,LH	Serviceable	94.80 FL	*- FL
19	1		*SEAL,REAR BUMPER SIDE,LH	Serviceable	148.40 FL	*- FL
20	2		*TAIL LAMP ASSY (UPPER)(LH/RH)	Serviceable	1,115.80 FL	*- FL
21	1		*TAIL LAMP ASSY (LOWER)(LH/RH)	N/s Cracked/O/s Serviceable	1,096.80 FL	*548.40 FL
22	1		*REAR END PANEL	Buckled	602.10 FL	*602.10 FL
23	1		*REAR END PANEL GARNISH	Serviceable	165.80 FL	*- FL
24	1		*REAR SPARE TYRE CUSHION (FLR BOARD CENTRE)	Not Necessary	101.40 FL	*- FL
25	1		*REAR WINDSCREEN GLASS WITH MOULDING	Necessary	1,778.30 FL	*1,778.30 FL
26	1		*REAR NO PLATE WITH TRIM COVER	Not Necessary	100.00 FS	*- FS
27	1		*REAR TRUNK LID APPS STICKER	Necessary	40.00 FS	*40.00 FS
28	1		*REAR TRUNK LID COMFORT & TEL NO STICKER	Necessary	60.00 FS	*60.00 FS
29	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
30	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
31	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS

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

Sub Total (\$\$)	11,416.30	7,597.80
- List Item Discount on L Items 25.00/25.00% (\$\$)	2,746.15	1,816.53
Total Parts (\$\$)	8,670.15	5,781.27

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
Labour Items				
1	PANEL BEATING	New	1,000.00	800.00
2	SPRAY PAINTING CHARGE	New	750.00	600.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	50.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	100.00
7	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
8	TOWING-KING DOLLY	New	150.00	120.00
Gross Labour Cost (S\$)			2,350.00	1,740.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >