

ASS. REC. BY:

REF: CS/MSG1900945/Dsd 3024 Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Pauline Tham

of MSIG

Date/Time: 24.5.2019 10:020.00

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 483D

Insured: SLC 3736H

at Workshop m/s: Chunnit motor

Tel: 65425119

of BIK 10 #01-06/06

Policy No: 290715686MY

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time: 24.5.19 10:46.00

Person Contacted: Lynn

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 483D - CC3/AIG18003966/KIP4392 D.O.A - 27/02/2018
	SLC 3736H - X
04/06/19 @ 17:27 pm	revised IA to Pauline Tham via merimen.

REF:

ASSIGNMENT

COE Spt 2015

From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV _____
 To inspect Vehicle No: _____
 at Workshop no/s _____
 of _____
 Insured _____
 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.

Bal. or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 92 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 483 D Yr Regn: Spt 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798
 Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading 253227 T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR3062255

C/No: JTDKB3FU03563618

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRM / STD A/Rim or

Tyre Size: F: 195 / 65 R 15

R: — 11 —

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

TOYO / YOKO or Duraturn

Front

R/Bal. S mm

L/Bal. S mm

D.O.A. 20/05/2019

Survey held at Chunni AMK

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

H/S Front 4 o/s Rear 4 o/s Rear

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

Date / Time

Action / Instruction

MSIG SLC 3736H

24/06/19 Insured H/S 10,300/- with 9 days of repair
 (\$ 13,761.76 Red - 57%)

RECEIVED 25 JUN 2019

Date/Time, File Pass to?

25/06/19

1)

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format :

Lump Sum / I.B.J.: (\$ 10,300/- H/S)

Survey Fee:

Transportation:

) 3 + RS, SI

) Photos

) Other:

TOTAL

200
11

211

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: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Pauline Tham

Date: 04 Jun 2019

Preliminary Advice

Insured Vehicle No	: SLC3736H	Accident Date	: 20/05/2019
TP Vehicle No	: SHC483D	Assignment Date	: 24/05/2019
Make	: TOYOTA PRIUS	Est. Duration of Repair	: 24/05/2019
Date of Inspection	: 24/05/2019		
Inspection At	: Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint Singapore 568047		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	24,061.76
Revised Amount	:S\$	14,523.35
Check Items (Estimated)	:S\$	0.00
Total	:S\$	14,523.35

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 economical/not economical for repair.
- (X) 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	22 May 2019		24 May 2019 10:02 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	TAY YEN YEE JULIET, ID: S7519576A		[Created by insurer]
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHC483D	Date of Loss:	20/05/2019 12:00 - :59 [20 Months and 6 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	29071568QMY (Comprehensive) Coverage: 31/01/2018 - 11/05/2020
Vehicle Reg. No. (Insured):	SLC3736H	Policy No. (Claimant):	
		Excess:	
Repairer:	Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Pauline Tham - 6594 2545]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 25/05/2019]		
Driver/Custodian (Insured):	ARTHUR LIM CHONG YANG (LIN ZHONGYANG) (45 / Male), NRIC: S73415481 Email: on WP. LIAB: 100%. TP AGREE ON SJE - ASSIGN LKK. CONTACT: MS LYNN / IRENE @ 6542 5119 / 6542 7162.		
Adj Asg. Remarks:			

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)[Compose Case Mail](#)

ALL ASSOCIATED TASKS

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

MCD619068129 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 22/05/2019 13:38
SUBMITTED BY: Huang XiaoYan

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 22/05/2019 13:58

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 22/05/2019 13:38
Date Of Accident 20/05/2019 12:00
Exact Location Of Accident DUNEARN ROAD TWDS TURF CLUB ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC483D
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 199502839G
Email Address FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-65508768
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-18088937MFSH
Cover Note Number
Driver
Name of Driver MOHAMAD SYAHMAN BIN AHMAD
NRIC No S8102329H
Date Of Birth 22/01/1981
Occupation OUTDOOR
Date Of Driving Pass 31/03/2007
Driving Experience 12 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-93692694
Fax Number
Contact Number
Email Address SYAHMANHART@GMAIL.COM

Address BLK 762 PASIR RIS STREET 71 #08-226
 Postcode 510762
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) Involved in the accident 2
 Was any body injured in the Accident? 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] PASIR RIS N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190522/2032

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 SLC3736H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ARTHUR LIM CHONG YANG
 NRIC/Passport Number S7341548I
 Contact Number 97956028
 Address
 Postcode
 Insurance Company Name MSIG INSURANCE (SINGAPORE) PTE. LTD.
 Nature Of Damage REAR RIGHT
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	ROAD KERB
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMAD SYAHMAN BIN AHMAD
Approximate Age	38
Injuries Sustain	WHIPLASH AT THE BACK OF HEAD. ON 5 DAYS MC.
Injured person in which vehicle?	SHC483D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN**IMPORTANT NOTICE**

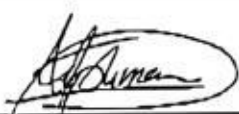
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

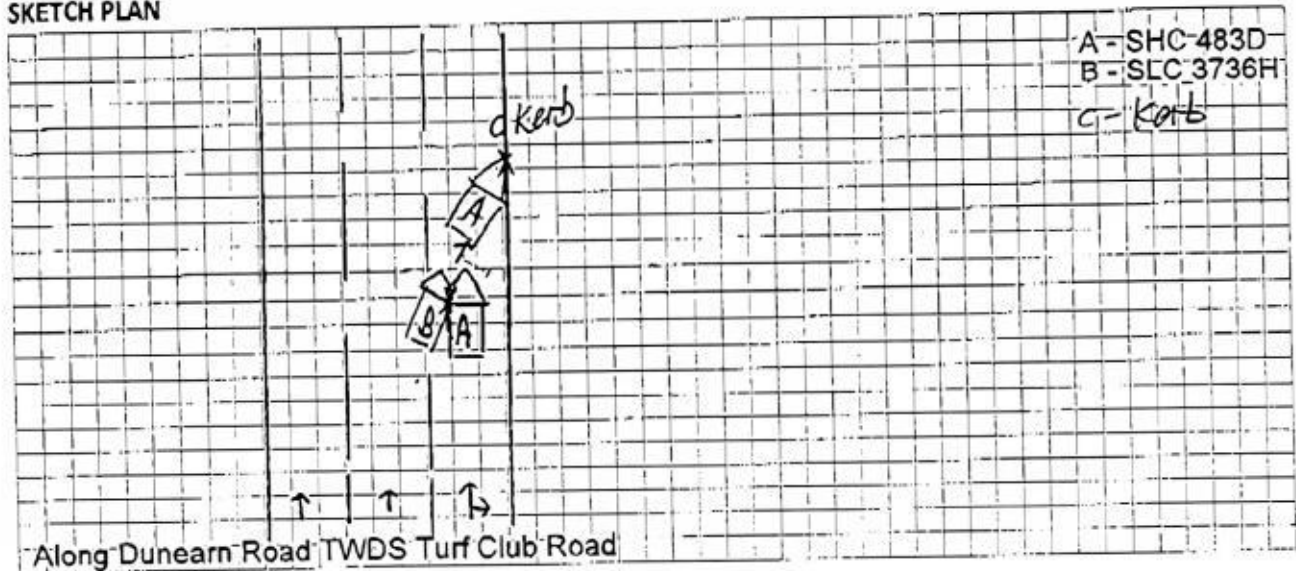
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 22.05.2019
@ 11:30 hrs


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190522/2032

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22.05.2019

@ 11:30 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190522/2032

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190522/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2019 10:11	Vide Report No.: E/20190520/0099	Station Diary No.: 35
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Informant's Particulars

Name of Informant: MOHAMAD SYAHMAN BIN AHMAD			Address: APT BLK 762 PASIR RIS STREET 71 #08-226 SINGAPORE 510762	
ID Type / ID No.: NRIC NO / S8102329H			Contact No.: Home/Office:	Mobile: 93692694
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 22/01/1981	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/05/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 DUNEARN ROAD TURF CLUB ROAD DUNEARN ROAD TOWARDS TURF CLUB ROAD Lamp Post Number: 40				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC483D	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	Slightly Damaged	0
SLC3736H	Car					0



SINGAPORE POLICE FORCE



T/20190522/2032

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190522/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD SYAHMAN BIN AHMAD	ID No.	S8102329H
Related Vehicle	SHC483D (Car)	Contact No.	93692694
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/05/2019	Date Discharge	21/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ARTHUR LIM CHONG YANG	ID No.	S7341548I
Related Vehicle	NIL	Contact No.	97956028
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 20/05/2019 at about 12pm, I was alone driving in my vehicle bearing the registration number, SHC483D. I was driving along Dunearn Road towards Turf Club Road. I was driving along the right most lane to make a U-turn ahead.

However, before i approached the said junction about 100meters away, a car just side swipe my vehicle from the left side of my vehicle. Due to the collision, the impact caused my vehicle to swerve to the right side, I tried to gain control of the vehicle however my vehicle had mounted the kerb. After stopping, I then managed to drive my vehicle off the kerb and stopped ahead where the other vehicle had stop.

I then came out of my vehicle and made a check the other vehicle was bearing the registration number: SLC3736H. I then took photos of the accident and exchanged particulars with the other driver. The driver then drove off shortly.

While i was till at the accident scene, i felt giddy and had cold sweat thus i called for ambulance for myself. Shortly the ambulance and,they conveyed me to National University Hospital where I was warded for 1 day and was given 5 days hospitalization leave. I had whiplash at the back of my head. The traffic police then informed they had activated EMAS to tow away my vehicle to the nearest carpark.

I am currently under-going follow-up with a specialist for my injuries.



**SINGAPORE
POLICE FORCE**



T/20190522/2032

3 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190522/2032

CONTINUATION OF REPORT

My vehicle had damages on the both side of my vehicle, and a dent of the front bumper, the tyre was flat for the right side font tyre and the right rear tyre had scratches.

I have in-vehicle camera installed which recorded the incident.



**SINGAPORE
POLICE FORCE**



T/20190522/2032

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Report No. T/20190522/2032

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

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:

G /

Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP16B

Signature Of Informant:

Date/Time:

22/05/2019 10:11

Classification Of Case:

SINGAPORE
POLICE FORCE

SIGNATURE

CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE

MSIG

VEHICLE NO: SHC 483D

DATE : 22.05.2019

MAKE :

TEL NO : 6542 5119

MODEL : TOYOTA PRIUS

FAX NO : 6542 6039

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
FRONT BUMPER COVER <i>1st</i>			\$ 499.90	✓
FRONT BUMPER CLIPS <i>rlc</i>			\$ 22.00	✓
FRONT BUMPER SIDE RETAINER, LH <i>SVC</i>			\$ 77.00	X
BRACKET, FRONT BUMPER SIDE, LH <i>rlc</i>			\$ 82.30	X
FENDER SUB-ASSY, FRONT LH <i>rlc</i>			\$ 945.30	X
FRONT FENDER SHIELD, LH <i>rlc</i>			\$ 196.60	X
FRONT FENDER SHIELD CLIP <i>rlc</i>			\$ 3.80	X
FRONT FENDER HYBRID EMBLEM, LH <i>rlc</i>			\$ 53.50	✓
FRONT WHEEL RIM (LH/RH) <i>distorted</i>		\$ 1,555.10	\$ 3,110.20	✓
FRONT WHEEL HUB CAP (LH/RH) <i>cut</i>		\$ 177.70	\$ 355.40	✓
FRONT WHEEL HUB BEARING (LH/RH) <i>Down</i>		\$ 560.10	\$ 1,120.20	✓
FRONT SHOCK ABSORBER (LH) <i>2 distorted</i>			\$ 401.80	2 ✓
FRONT SHOCK ABSORBER (RH) <i>2 distorted</i>			\$ 401.80	2 ✓
ABSORBER TOP MOUNTING, LH <i>rlc</i>			\$ 196.20	X
ABSORBER TOP MOUNTING, RH <i>rlc</i>			\$ 196.20	X
FRONT SUSPENSION LOWER ARM (RH) <i>2 distorted</i>			\$ 637.50	2 ✓
FRONT SUSPENSION LOWER ARM (LH) <i>2 distorted</i>			\$ 637.50	2 ✓
FRONT DRIVE SHAFT (LH) <i>rlc</i>			\$ 1,310.10	X
FRONT DRIVE SHAFT (RH) <i>rlc</i>			\$ 1,310.10	X
RACK & PINION ASSY <i>rlc</i>			\$ 1,634.90	X
BAR, STABILIZER <i>rlc</i>			\$ 360.00	X
LINK ASSY, FRONT STABILIZER, LH <i>rlc</i>			\$ 199.00	X
KNUCKLE, STEERING, RH <i>2 distorted</i>			\$ 562.30	2 ✓
KNUCKLE, STEERING, LH <i>2 distorted</i>			\$ 562.30	2 ✓
JOINT ASSY, LOWER BALL, FRONT RH <i>rlc</i>			\$ 202.40	X
END SUB-ASSY, TIE ROD, RH <i>2 rlc</i>			\$ 158.10	2 X
END SUB-ASSY, TIE ROD, LH <i>2 rlc</i>			\$ 158.10	2 X
ENGINE UNDER COVER <i>rlc</i>			\$ 457.20	X
ENGINE CROSS MEMBER <i>2 distorted / cut</i>			\$ 2,531.70	X ✓
SUB TOTAL			\$ 18,383.40	
LESS 20% <i>25%</i>			\$ 3,676.68	
DISCOUNTED TOTAL			\$ 14,706.72	
FRONT TYRE (LH/RH) <i>0/3 punctured cut 50% deep</i>			\$ 216.00	NETT ✓
<i>N/S rlc</i>			<i>108.00</i>	

10896.10
8172.07

108.00

SHC 483D

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR TYRE RIM /RH <i>disturb</i>			\$ 1,555.00	✓
REAR WHEEL HUB CAP ,RH <i>cut</i>			\$ 177.70	✓
REAR WHEEL BEARING ING & HUB , RH <i>2 Down</i>			\$ 610.20	2 ✓
REAR CROSS MEMBER <i>HH</i>			\$ 2,200.40	X
REAR SHOCK ABSORBER, RH <i>2 disturbance</i>			\$ 118.30	2 ✓
REAR SHOCK ABSORBER MOUNTING, RH <i>HH</i>			\$ 125.30	X
REAR LOWER ARM, LH <i>2 disturbance</i>			\$ 497.50	2 ✓
REAR UPPER ARM,RH <i>HH</i>			\$ 356.80	X
REAR KNUCKLE ARM, RH <i>2 disturbance</i>			\$ 810.60	2 ✓
REAR STABILIZER BAR <i>HH</i>			\$ 311.50	X
REAR STABILIZER LINK, RH <i>HH</i>			\$ 151.60	X
REAR TRAILING ARM,RH <i>2 disturbance</i>			\$ 314.20	2 ✓
REAR ASSIST ARM,RH <i>2 disturbance</i>			\$ 342.20	2 ✓
		4425.70		
		3319.27		
			\$ 7,571.30	
SUB TOTAL			\$ 1,514.26	
LESS 20% <i>25%</i>			\$ 6,057.04	
DISCOUNTED TOTAL				
REAR TYRE ,RH <i>HH</i>			\$ 216.00	NETT X
LABOUR CHARGE				
Panel Beating			\$ 600.00	400/-
Spray Painting Charge			\$ 500.00	400/-
Wiring Charge			\$ 50.00	30/-
Tuff Kote			\$ 50.00	20/-
Towing Charge			\$ 50.00	HH
Remove/Refix Undercarriage (RR)			\$ 200.00	150/-
Remove/Refix Undercarriage (FRT)			\$ 200.00	150/-
Four Wheel Alignment			\$ 120.00	60/-
Re-set Fr t & Rear ABS System		\$ 200.00	\$ 400.00	150/-
Diagnosis & Resetting To Erase Fault Code			\$ 480.00	
		460.00		
		1360.00	\$ 2,650.00	
TOTAL LABOUR				
ESTIMATE TOTAL			\$ 24,061.76	
24/05/2019 @ Home				
N/A Antenna				
1 hour <i>9 days</i>				
yan				
LKK Auto				
		12959.34		
		1/5 10300/-		

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.

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SHC 483 D

Technician:

Mileage: 253227

Time Printed 24.5.19 5:43 PM

TOYOTA PRIUS

Front : Left

Actual	BEFORE	Specified Range
-0°27'		-1°20' 0°10'
6°11'		2°25' 3°55'
-1°44'		-0°06' 0°06'
21°42'		11°50' 13°20'
21°15'		10°30' 13°30'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-0°28'		-1°20' 0°10'
6°32'		2°25' 3°55'
1°48'		-0°06' 0°06'
17°57'		11°50' 13°20'
17°29'		10°30' 13°30'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
0°00'		-0°45' 0°45'
-0°21'		-0°45' 0°45'
3°45'		-0°45' 0°45'
0°03'		-0°12' 0°12'

Rear : Left

Actual	BEFORE	Specified Range
3°13'		-2°00' -1°00'
1°43'		0°02' 0°17'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
1°59'		-2°00' -1°00'
0°08'		0°02' 0°17'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
1°14'		-0°30' 0°30'
1°52'		0°03' 0°33'
0°47'		

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/MSG19009145/DSD3N2

Date: 27/06/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29071568QMY
Claimant Vehicle No :	SHC483D	Insured Vehicle No :	SLC3736H
Date of Loss:	20/05/2019	Nature of Claim:	TP
		Claim No:	594820

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC483D	Engine No:	2ZRS062255
Make & Model:	TOYOTA PRIUS, 1.5 (A)	Chassis No:	JTDKB3FUX03563618
Reg. Date:	14/09/2017 (Man. Year: 2017)	Odometer:	253227 km
Colour:	Yellow		
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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	DURATURN 5 mm	Rear Left Side:	DURATURN 5 mm
Front Right Side:	DURATURN 5 mm	Rear Right Side:	DURATURN 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	21,411.76	11,599.35	9,812.41	45.83
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,650.00	1,360.00	1,290.00	48.68
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	24,061.76	12,959.35	11,102.41	46.14
Approved Total (Overridden) (S\$)		10,300.00		
(S\$)	24,061.76	10,300.00	13,761.76	57.19
+ GST 7.00/7.00% (S\$)	1,684.32	721.00	963.32	57.19
Nett Amount (S\$)	25,746.08	11,021.00	14,725.08	57.19

INSPECTION

Date of Assignment: 24/05/2019

Date Inspected: 24/05/2019 Inspected At:

Chunni Motor Work Pte Ltd - Amk (HQ)
Blk 10 #01-05/06, AMK Autopoint
Singapore 568047

Estimated Period of Repair: 9.0 days

Adjuster: BRYAN TANI

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: 27 Jun 2019)
Parts: 144	TOYOTA PRIUS 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC483D)	
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		*FRONT BUMPER COVER	Bent	499.90 FL	*499.90 FL
2	10		*FRONT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*FRONT BUMPER SIDE RETAINER, LH	Serviceable	77.00 FL	*- FL
4	1		*BRACKET, FRONT BUMPER, LH	Not Necessary	82.30 FL	*- FL
5	1		*FENDER SUB-ASSY, FRONT LH	Repair	945.30 FL	*- FL
6	1		*FRONT FENDER SHIELD, LH	Not Necessary	196.60 FL	*- FL
7	1		*FRONT FENDER SHIELD CLIP	Not Necessary	3.80 FL	*- FL
8	1		*FRONT FENDER HYBRID EMBLEM, LH	Necessary	53.50 FL	*53.50 FL
9	2		*FRONT WHEEL RIM (LH/RH)	Distorted	3,110.20 FL	*3,110.20 FL
10	2		*FRONT WHEEL HUB CAP (LH/RH)	Cut	355.40 FL	*355.40 FL
11	2		*FRONT WHEEL HUB BEARING (LH/RH)	Damaged	1,120.20 FL	*1,120.20 FL
12	1		*FRONT SHOCK ABSORBER (LH)	Distorted	401.80 FL	*401.80 FL
13	1		*FRONT SHOCK ABSORBER (RH)	Distorted	401.80 FL	*401.80 FL
14	1		*ABSORBER TOP MOUNTING, LH	Not Necessary	196.20 FL	*- FL
15	1		*ABSORBER TOP MOUNTING, RH	Not Necessary	196.20 FL	*- FL
16	1		*FRONT SUSPENSION LOWER ARM (RH)	Distorted	637.50 FL	*637.50 FL
17	1		*FRONT SUSPENSION LOWER ARM (LH)	Distorted	637.50 FL	*637.50 FL
18	1		*FRONT DRIVE SHAFT (LH)	Not Necessary	1,310.10 FL	*- FL
19	1		*FRONT DRIVE SHAFT (RH)	Not Necessary	1,310.10 FL	*- FL
20	1		*RACK & PINION ASSY	Not Necessary	1,634.90 FL	*- FL
21	1		*BAR, STABILIZER	Not Necessary	360.00 FL	*- FL
22	1		*LINK ASSY, FRONT STABILIZER, LH	Not Necessary	199.00 FL	*- FL
23	1		*KNUCKLE, STEERING, RH	Distorted	562.30 FL	*562.30 FL
24	1		*KNUCKLE, STEERING, LH	Distorted	562.30 FL	*562.30 FL
25	1		*JOINT ASSY, LOWER BALL, FRONT RH	Not Necessary	202.40 FL	*- FL
26	1		*END SUB-ASSY, TIE ROD, RH	Not Necessary	158.10 FL	*- FL
27	1		*END SUB-ASSY, TIE ROD, LH	Not Necessary	158.10 FL	*- FL
28	1		*ENGINE UNDER COVER	Not Necessary	457.20 FL	*- FL
29	1		*ENGINE CROSS MEMBER	Distorted / Cut	2,531.70 FL	*2,531.70 FL
30	1		*REAR TYRE RIM RH	Distorted	1,555.00 FL	*1,555.00 FL
31	1		*REAR WHEEL HUB CAP, RH	Cut	177.70 FL	*177.70 FL
32	1		*REAR WHEEL BEARING IN & HUB, RH	Damaged	610.20 FL	*610.20 FL
33	1		*REAR CROSS MEMBER	Not Necessary	2,200.40 FL	*- FL
34	1		*REAR SHOCK ABSORBER, RH	Distorted	118.30 FL	*118.30 FL
35	1		*REAR SHOCK ABSORBER MOUNTING, RH	Not Necessary	125.30 FL	*- FL
36	1		*REAR LOWER ARM, LH	Distorted	497.50 FL	*497.50 FL
37	1		*REAR UPPER ARM, RH	Not Necessary	356.80 FL	*- FL
38	1		*REAR KNUCKLE ARM, RH	Distorted	810.60 FL	*810.60 FL
39	1		*REAR STABILIZER BAR	Not Necessary	311.50 FL	*- FL
40	1		*REAR STABILIZER LINK, RH	Not Necessary	151.60 FL	*- FL
41	1		*REAR TRAILING ARM, RH	Distorted	314.20 FL	*314.20 FL
42	1		*REAR ASSIST ARM, RH	Distorted	342.20 FL	*342.20 FL
43	1		*REAR TYRE, RH	Not Necessary	216.00 FS	*- FS
44	1		*FRONT TYRE (LH/RH)(\$216.00)(50%)	O/s Punctured/Cut	432.00 FS	*108.00 FS

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No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
(N/s Not Necessary)						
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (S\$)					26,602.70	15,429.80
- List Item Discount on L Items 20.00/25.00% (S\$)					5,190.94	3,830.45
Total Parts (S\$)					21,411.76	11,599.35

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	600.00	400.00
2	SPRAY PAINTING CHARGE.	New	500.00	400.00
3	WIRING CHARGE.	New	50.00	30.00
4	TUFF KOTE.	New	50.00	20.00
5	TOWING CHARGE.	New	50.00	0.00
6	REMOVE / REFIX UNDERCARRIAGE (RR).	New	200.00	150.00
7	REMOVE / REFIX UNDERCARRIAGE (FRT).	New	200.00	150.00
8	FOUR WHEEL ALIGNMENT.	New	120.00	60.00
9	RE-SET FRT & REAR ABS SYSTEM.}	New	400.00	150.00
10	DIAGNOSIS & RESETTING TO ERASE FAULT CODE.}	New	480.00	0.00
Gross Labour Cost (\$\$)			2,650.00	1,360.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >