Surveyor: From (Person)	; Eliza Ho Tang		ENMENT (O	ffice)	Date/Time:	0.5.19	6,0+p.ov
Estimated Cos	t		Bill to:				
	hicle No: SHD		MV /-CS	Insure	ed: S15 (	6889 U	
	Ws Comfort dulg			. T	el: 62148	300	v
	and Drive						
Policy No:_/		7) (4		im No: _M 19	03957	C-44-0000	
Sum Insured:							
			E	xcess:	20	E 300	
Make of Veh:			E	xcess:	D.O.A. 28	5.2019	
Make of Veh: (Client's Record CA / REV				xcess:	H.O.D. End	lorsement:	
Make of Veh: (Client's Record CA / REV	0.5 19 4-13 m	Person Cont	tacted:	4	H.O.D. End	OUT	
Make of Veh: (Client's Record CA / REV / Date/Time:	REP. / REV 24 F	Person Cont	iscfed:		H.O.D. End	OUT	4
Make of Veh: (Client's Record CA / REV / Date/Time:	0.5 19 4-13 m	Person Cont Estimate ( NET INC Fo	tacted:		H.O.D. End. Vehicle IN /	JOUT	
Make of Veh: (Client's Record CA / REV / Date/Time:	Action/Instruction	Person Cont Estimate ( NET INC Fo	tacted:		H.O.D. End	JOUT	
Make of Veh: (Client's Record CA / REV / Date/Time:	Action/Instruction	Person Cont Estimate ( NET INC Fo	tacted:		H.O.D. End. Vehicle IN /	JOUT	

.500

. ..

98/11/23): 	
From Date:	Veh No: SHO 7089H YI Regn. "Nov 2016
Estimate(Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / T 6 / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insped Vehicle No:	Make: Topda Pary c.c 1798
at Workshop m/s	Colour Ble A/C: Insur 6d / Std / NI / NA
of	Sp.Reading 23 7 993 T/Radio: InsuRed / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: J10/(B) F43.035 3 6910
Claims No.	Gen. Cond: Good / F& / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder I Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inortier I Jammed / Leaked / Burnt or
Make of Veh	Modi: Nil / S/Rim / STD/B/Rim or
	Tyre Size: F: 195/65745
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/	_   Boy Bolly Extraord   The state of the st
repair at the time of inspection.	TOYO/YOKO or Vurolura
Bal. or Market Value:	<u>Front</u> Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. + + mm L/Bal. + mm
Est. Repairs: days Res.: Yes or No	D.O.A. 28/5/19 D.O.I. 30/5/19
Lum Sum: % 3 Val.: Yes or No	Survey held at CPGE (Loyens)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN/C	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction  6/6/19 Charles PP\$ 3577.10/3	3 Pm. (Red 10.71, 019) Tokio
9611	PIP
RECEIVED	6 J 11 2019
	6/6/2
	1 /6/6/2
	5
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
	Resurvey No. of Trip: Survey Fee: 290
1) : Final Report	24 THE COURT OF TH
Date/Time, File Return to?	Transportation:
Date/Time, File Return to?	Fee: : Site Insp (\$)s+Rs,si
Date/Time, File Return to?	

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	30 May 2019 15:10 Sendback Est	30 May 2019 15:12 <b>\$\$3,839.82</b>	30 May 2019 16:07 Assign				New Assignment Cancel Case	
	Main	Refere	nce	Claim Det	ails	Documents	Show All	
CLAIM SI	UBFOLDER DETAIL							
Insured:			Reg. No.: 199303	821R				
Main Clain Vehicle Re		SHD7089	ЭН	Date of Loss:		[30 Mont	28/05/2019 17:00 - :59 [30 Months and 17 Days From LTA Reg Date (Man Yr)]	
Claim Type	Claim Type:		03957	Policy/Cover Note No.: M		MX00647	70 (Comprehensive) e: 28/08/2018 -	
Vehicle Re	g. No. (Insured):	SJS6889U		Policy No	. (Claimant):			
				Excess:		S\$100.00		
Repairer:					ng) 59 Loyang Driv			
Handling I	nsurer:						Ho Teng Boon Eliza]	
Adjuster:		LKK Auto	Consultants Pte L	td (HQ) - Tel:	6256-3561 [ <b>Fin</b> a	al Rpt due 11,	/06/2019]	
ASSOCIA	TED MAIL RECEIV	ED				View All	Compose Case Mail	
There are	no mail for this case.							
E ALL ASS	OCIATED TASKS			View	All Search Task	c Create	New Task Complet	
Due Da		oe Task Grou	p Subject			mpleted On	Created On D	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

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AU	w	U.E	12 11		AΙ	=101	ENI	
	_		-	-	-	_		

Date Of Report 29/05/2019 11:29

Date Of Accident 28/05/2019 17:15

Exact Location Of Accident BUKIT TIMAH TWDS UPP BUKIT TIMAH RD.

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHD7089H

Insured/Policyholder

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

Co Reg No 199303821R

Email Address FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer TOYOTA

Model PRIUS HYBRID 4G

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company 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 SIM YU JEN MELVIN (SHEN YOUQIANG MELVIN)

 NRIC No
 \$7730120H

 Date Of Birth
 10/10/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/10/2001

Driving Experience 17 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96193106

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 286 YISHUN AVE 6

#12-100

Postcode

760286

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?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER ATTACHED \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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

SJS6889U

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

WEST ELIZABETH JANE

NRIC/Passport Number

G338727U

Contact Number

83162783

Address

Postcode

Insurance Company Name

Nature Of Damage

RH REAR

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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

tens

Policyholder's Signature Date & Time:

evial anneador, s

Ben 15

Oriver Signature (If driver is not the policyholder)

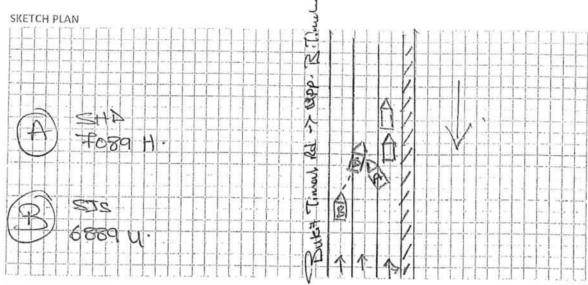
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIVISTANCES OF THE ACCIDENT
 ON. 28 may 2019 @ 17.15 hu. I wet A.
 about to fille to got lane. I went it
 GHE thre was no vehicle on the sale
 lone the moment I just move out
 Suddenly went Is from Brt lane down in
 to 2nd lone and but vert A left front.
 at the point of accident with An NO PAK
 7

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:

N. ATank 29/2

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 30.05.2019 12:39

Team:

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305299426

MILEAGE

Page :

OMER

COMFORT TRANSPORTATION PTE LTD

7010045

OMERNO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

REGN NO.: SHD7089H MAKE: TOYOTA E......1/2..... MODEL PRIUS HYBRID(G4)30.05.2019 12:00 YR OF MANUAL 11.2016 TARGET DATE CHASSIS CONFLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

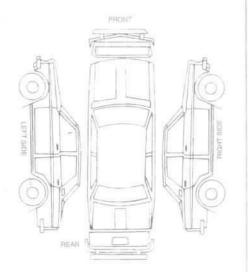
Accident Date: 28.05.2019

NATURE: 3P 28.05.19/C

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

SHD7089H

LIMTS

Vehicle No.:

Exit Pass

SHD7089H

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection CENTETETETETETETETETETETETETETETETE To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE OKTO MAYING

Date: 30.05.2019

Time: 12:52:42

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

REGN NO MILEAGE

305299426 : SHD7089H 0000000000

MAKE MODEL

TOYOTA : PRIUS HYBRID(G4)

DATE OF REGN DATE/TIME IN : 11.11.2016

: 30.05.2019 12:00

ACCIDENT DATE : 28.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

#### PART REQUISITION

0001 04-01-0302-2292-A FRONT BUMPER 1 490.50 25.00 367.87

0002 04-01-0302-2871-G FRT BUMPER SIDE BRKT LH 1 82.30 25.00 61.72

0003 04-01-0302-2815-G HEADLAMP LH 1 2,530.10 25.00 1,897.57

0004 04-01-0302-4891-G FOG LAMP LH 1 910.20 25.00 682.65

From LH Ford & regard

SUB-TOTAL : 3,009.81

#### JOB NATURE

0000 PB

PANEL BEATING

0001 SP

SPRAYPAINT CHARGE

0002 17-01

CHECK ALL LIGHTING

11.60

0003 20-05

TP MERIMEN

18.00

SUB-TOTAL: 580.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE TOK-Marine (PP)

Date: 30.05.2019

Time: 12:52:42

Page: 2

I

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : 305299426

MILEAGE

: SHD7089H : 0000000000

MAKE

LKK-Kalvir

TOYOTA

MODEL

: PRIUS HYBRID(C : 11.11.2016

DATE OF REGN DATE/TIME IN

: 30.05.2019 12:00

ACCIDENT DATE

: 28.05.2019

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

: 3,589.81

UMP

MVA NAME & SIGNATURE

DATE:

TOTAL

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

Kali 161(k)

1 30/5/19 13106.

3 Pys.

PIP

Betne Post plats.



### COMFORTDELGRO ENGINEERING

305299426 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 03/06/19 Date Fax: 6546 8156 FINALIZATION FORM LKK Fax: KALVIN ANG Attn : : SHD7089H Date of Accident : 28-May-19 Vehicle Reg No. The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-TOKIO MARINE ---SJS6889U The repair job shall bill to: 2. The finalized amount shall be: \$2,948.10 Spare Parts after List discount (a) \$631.00 (b) Labour Charges \$3.579 -10 Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost 3. Estimated normal period for repairs: 3 working days. 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days 5. Thank you for your assistance. We confirm the estimates and finalized amount Signature : Signature : LIMTS Name Name 62148398 Tel Date 65468156 Fax For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No Rental Rate P/Day YES 2. Loss of Income Paid NO Survey Fees LTA Search Fee \$7.49 Medical Fees (on behalf of driver, if applicable) Overrun

Remarks:

#### COMFORTDELGRO ENGINEERING PTE LTD

Date: 01.06.2019 Time: 09:02:43

REPAIR ESTIMATE

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

: 305299426

REGN NO

: SHD7089H

MILEAGE MAKE

: 0000000000

: TOYOTA

MODEL

: PRIUS HYBRID(G4)

DATE/TIME IN : 30.05 201

: 30.05.2019 12:00

ACCIDENT DATE : 28.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A FRONT BUMPER 1 490.50 25.00 367.87

0002 04-01-0302-2815-G HEADLAMP LH 1 2,530.10 25.00 1,897.57

0003 04-01-0302-4891-G FOG LAMP LH 1 910.20 25.00 682.65

SUB-TOTAL : 2,948.09

JOB NATURE

0000 PB

PANEL BEATING

200.00

0001 SP

SPRAYPAINT CHARGE

400.00

0002 17-01 CHECK ALL LIGHTING

20.00

0003 20-05 TP MERIMEN

10.00

SUB-TOTAL: 630.00

AUTHORISED: YES / NO

TOTAL : 3,578.09

MVA NAME & SIGNATURE

DATE:

DATE:

SURVEYOR NAME & SIGNATURE

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

CHAIT SOU	OLDER TRACKI	NG						
Case 1	lotified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
	50 May 2019 5:10 Sendback Est	30 May 2019 15:12 <b>\$\$3,839.82</b>	30 May 2019 16:07 Edit Adj Rpt	S\$3,579.10 Edit Estimates	S\$3,579.10 View Rpt		Pending for Survey Report Cancel Case	
M	lain	Refer	ence	Claim Details		Documents	Show All	
CLAIM SUE	FOLDER DETA	ILS						
Insured:	CTPL, Co. Re	eg. No.: 19930382	1R					
Main Claimant:	CTPL							
Vehicle Reg. No.:	SHD7089H Da				: 28/05/2019 1 [ <b>30</b> Months a		A Reg Date (Man Yr)]	
Claim Type:	<b>TP</b> / M1903	957		Policy/Cover Note No.:		MX006470 (Comprehensive) Coverage: 28/08/2018 - 27/08/2019		
Vehicle Reg. No. (Insured):	SJS6889U			Policy No. (Claimant):				
				Excess:	S\$100.00			
Repairer:	ComfortDelG	ro Engineering P	te Ltd (Loyang)	9 Loyang Drive, 508	969 Loyang - Tel	: 6214 8300		
Handling Insurer:	Tokio Marine	Insurance Singa	pore Ltd (HQ) -	Tel: 6221 6111 [H	andled by <b>Ho Te</b>	ng Boon Eliza]		
Adjuster:	11/06/2019		(HQ) - Tel: 6256-	3561 [Handled by	KALVIN ANG W	/EI KUN ] [Fina	al Rpt due	
ASSOCIAT	ED MAIL RECEI	VED				View All	Compose Case Mail	
There are no	mail for this cas	e.						
ALL ASSO	IATED TASKS	3			View All   Sea	rch Tasks   Create	New Task   Complete	
Due Date	Priority 1	Type Task Gro	up Subject	Handler Assig	ned By C	ompleted On	Created On Done	

### Claim Documents

SHD7089H (M1903957)

[SJS6889U]

TP

CTPL

May 28 2019 5:00PM

[CTPL]

ComfortDelGro Engineering Pte Ltd

Ass	essment Reports		1 per page	~	~
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	1111111	nbnail	Print
1	30/05/19 15:12	Repairer Estimates		HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		nbnail	Print
1	30/05/19 16:07	Accident Statement From:SC - Reg. No: SJS6889U, Claimant: A A 24 HRS EXPAT'S CHOICE	1 Load	нтм	
2	30/05/19 16:07	Addendum Sheet From:SC - Reg. No: SJS6889U, Claimant: A A 24 HRS EXPAT'S CHOICE	1 Load	d JPG	✓
3	30/05/19 16:07	Accident Statement Addm. #1 From:SC - Reg. No: SJS6889U, Claimant: A A 24 HRS EXPAT'S CHOICE	1 Load	нтн і	
Pho	otos/Images		3 per page	V	<b>V</b>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		nbnail	Print
1	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
2	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
3	31/05/19 09:09	General View	1 Load	d JPG	~
4	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
5	31/05/19 09:09	General View	1 Load	d JPG	~
6	31/05/19 09:09	General View	<b>⚠</b> Load	d JPG	<b>V</b>
7	31/05/19 09:09	General View	■ Load	d JPG	~
3	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
9	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
10	31/05/19 09:09	General View	1 Load	d JPG	~
11	31/05/19 09:09	General View	1 Load	d JPG	~
12	31/05/19 09:09	General View	1 Load	d JPG	~
13	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
14	31/05/19 09:09	General View		d JPG	V
15	31/05/19 09:09	General View		d JPG	<b>√</b>
16	31/05/19 09:09	General View		d JPG	<b>V</b>
17	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
18	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
19	31/05/19 09:09	General View		d JPG	~
20	31/05/19 09:09	General View	1 Load	d JPG	7
21	31/05/19 09:09	General View	1 Load	d JPG	<b>V</b>
22	31/05/19 09:09	General View		d JPG	<b>V</b>
23	31/05/19 09:09	General View		d JPG	V
24	31/05/19 09:09	General View		d JPG	<b>V</b>
25	31/05/19 09:09	General View		d JPG	V
26	31/05/19 09:09	General View		d JPG	V
27	04/06/19 08:35	Reinspection Photo		d JPG	<b>▼</b>
28	04/06/19 08:35	Reinspection Photo		d JPG	<b>▼</b>
29	04/06/19 08:35	Reinspection Photo		d JPG	V

Page 2 of 2

Ass	essment Reports		1 per pag	e 🗸	V
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Т	humbnail	Print
Doc	cumentation		1 per page		✓
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	T	humbnail	Print
1	30/05/19 15:12	E-filed GIA report	0	Load PDF	

## **Documents Checklist**

DOCUMENTS CHECKLIST	Reset Save Print
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Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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Show Remarks To: Repairer Handling Insurer Note: Remarks are private unless you show it to other parties.	

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

51 Ubi Ave 1 #01-25, Pava 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/TMI19009619/K1VD3E2

Date:

11/06/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MX006470

Claimant Vehicle

SHD7089H

Insured Vehicle No:

SJS6889U

No: Date of Loss:

28/05/2019

Nature of Claim:

TP

Claim No: M1903957

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHD7089H

Make & Model:

TOYOTA PRIUS, 1.8 HYBRID CVT (A)

Engine No:

2ZRR959703

237993 km

Reg. Date:

11/11/2016 (Man. Year: 2016)

Chassis No: Odometer:

JTDKB3FU303536910

Colour: Engine Capacity: Blue

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):

Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes Good

Handbrake (Serviceable):

CONDITION OF TYRES

195/65 R15

Rear Tyre Size:

195/65 R15

Front Tyre Size: Front Left Side: Front Right Side:

**DURATURN 7 mm DURATURN 7 mm** 

Yes

Rear Left Side: Rear Right Side: **DURATURN 7 mm** DURATURN 7 mm

The above values represent the remaining tyre treads depth

Repairer's	Adjuster's	Difference	Diff %
3,009.82	2,948.10	61.72	2.05
10.00	11.00	-1.00	-10.00
820.00	620.00	200.00	24.39
0.00	0.00	0.00	
0.00	0.00	0.00	
3,839.82	3,579.10	260.72	6.79
268.79	250.54	18.25	6.79
4,108.61	3,829.64	278.97	6.79
	3,009.82 10.00 820.00 0.00 0.00 3,839.82 268.79	3,009.82 2,948.10 10.00 11.00 820.00 620.00 0.00 0.00 0.00 0.00 3,839.82 3,579.10 268.79 250.54	3,009.82 2,948.10 61.72 10.00 11.00 -1.00 820.00 620.00 200.00 0.00 0.00 0.00 0.00 0.00 0.

INSPECTION

Date of Assignment:

30/05/2019 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

30/05/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

VERON CHEN

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

3.0 days

Manager: Adjuster: KALVIN ANG WEI KUN

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

Referen	ce			
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 11 Jun 2019)		
Parts:	144	TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code:	(Unsubmitted	, no print-code for SHD7089H)		
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		*FRT BUMPER	Cut	490.50 FL	*490.50 FL
2	1		*FRT BUMPER SIDE BRKT LH	Serviceable	82.30 FL	*-FL
3	1		*HEADLAMP LH	Cut	2,530.10 FL	*2,530.10 FL
4	1		*FOG LAMP LH	Cut	910.20 FL	*910.20 FL
5	1		*FRONT LH FENDER (NPA)	Repair	-	*-FL
F=Fr	anchise	part. L=ListIter	mDisc.	-		1007777 3007
				Sub Total (S\$)	4,013.10	3,930.80
			- List Item Discount on L Ite	ms 25.00/25.00% (S\$)_	1,003.28	982.70
				Total Parts (S\$)	3,009.82	2,948.10

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

No	Qty	Particulars		Repairer's	Amount
Mis	cella	neous Items			
1	1	OD/TP Case (Insurer)		10.00	11.00
			Sub Total (S\$)	10.00	11.00

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	280.00	200.00
2	SPRAY PAINTING	New	500.00	400.00
3	CHECK ALL LIGHTINGS	New	40.00	20.00
		Gross Labour Cost (S\$)	820.00	620.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >