

ASS. REC. BY:

REF: CS / MSG 19009864 / KHD302

Special Instruction:

Surveyor: Kalun

ASSIGNMENT (Office)

From (Person): Tsimin Lok Chung Kwai of MSG

Date/Time: 4.6.19 11:50 AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SH 9737 G

Insured: FQ 4150 M

at Workshop m/s Comfortdrive

Tel: 98240811

of 59 Long Drive

Policy No: MSD / VM7 / 19-39572-CA

Claim No: MSC / V / 19-000618.

Sum Insured:

Excess:

Make of Veh:

D.O.A. 01/06/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

9up

H.O.D. Endorsement:

Date/Time: 4.6.19 1:20 PM

Person Contacted:

kwok Eng

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 9737 G - CS/QW 100/2229/ FCF
	FQ 4150 M - X
6/6/19	revised via merimen.

108/11/13

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SH 97376

V. Regn:

26/2/2012

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

Truck / Trailer or

Make:

Toyota Prius

C.C. 1728

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

25533

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3F4803562905

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Alloy or

Tyre Size: F:

195/65R15

R:

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

TOYO / YOKO or

Davanti

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 1/6/19

D.O.I. 4/6/19

Survey held at

CPHE (Logan)

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

Rear o/s.

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

Date / Time Action / Instruction

10/6/19 Check PP \$561.30 / 2 B. (Red: 220.45; 54%)

MSTH
PP

RECEIVED 10 JUN 2019

Date/Time, File Pass to?

☐

Preli. Report

1) 10/6 Typist

☒

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum / I.B. (\$ 561.30)

150

11

161

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: Jasmine Lok Kheng Kwei

Date: 06 Jun 2019

Preliminary Advice

Insured Vehicle No	: FQ4150M	Accident Date	: 01/06/2019
TP Vehicle No	: SH9737G	Assignment Date	: 04/06/2019
Make	: TOYOTA PRIUS HYBRID	Est. Duration of Repair	: 2.00
Date of Inspection	: 04/06/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	1,241.75
Revised Amount	:S\$	511.30
Check Items (Estimated)	:S\$	0.00
Total	:S\$	511.30

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)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Jun 2019 11:15		04 Jun 2019 11:55 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
<div> <div>CLAIM SUBFOLDER DETAILS</div> <div> <div>Insured:</div> <div>ABDUL RASHID BIN ABDUL MUTALIFF, ID: S9402955D</div> </div> <div> <div>Main Claimant:</div> <div>COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R</div> </div> <div> <div>Vehicle Reg. No.:</div> <div>SH9737G</div> <div>Date of Loss:</div> <div>01/06/2019 00:00 - :59 [22 Months and 6 Days From LTA Reg Date (Man Yr)]</div> </div> <div> <div>Claim Type:</div> <div>TP</div> <div>Policy/Cover Note No.:</div> <div>MSD/VMT/19-395782-CA (Comprehensive) Coverage: 26/02/2019 - 25/02/2020</div> </div> <div> <div>Vehicle Reg. No. (Insured):</div> <div>FQ4150M</div> <div>Policy No. (Claimant):</div> <div>Excess:</div> </div> <div> <div>Repairer:</div> <div>ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300</div> </div> <div> <div>Handling Insurer:</div> <div>MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwel - 6594 2550]</div> </div> <div> <div>Adjuster:</div> <div>LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 05/06/2019]</div> </div> <div> <div>Adj Asg. Remarks:</div> <div>Car in. on WP. Please contact us ASAP if you cannot attend this assignment. LIAB: DISPUTE (OI NR) CONTACT: LIM KWOK ENG @ 6214 8356 / 9824 0811 Manual assigned to LKK via email on 04/06/19</div> </div> </div>				
<div> <div>ASSOCIATED MAIL RECEIVED</div> <div> <div>View All</div> <div>Compose Case Mail</div> </div> </div>				
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	03/06/2019 11:30
Date Of Accident	01/06/2019 22:05
Exact Location Of Accident	BEDOK CENTRAL TWDS BEDOK N AVE 3 BLK 220
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9737G
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	CHUA CHIN WAH
NRIC No	S0079393J
Date Of Birth	11/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1970
Driving Experience	49 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81393529
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 14 EUNOS CRESCENT #08-2815
Postcode	400014
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]	GEYLANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190602/2036

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FQ4150M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NG ZHENG JIE
NRIC/Passport Number	S9542512G
Contact Number	91862681
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

NG ZHENG JIE

Approximate Age

Injuries Sustain

LEFT ARM AND LEFT LEG

Injured person in which vehicle?

FQ4150M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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

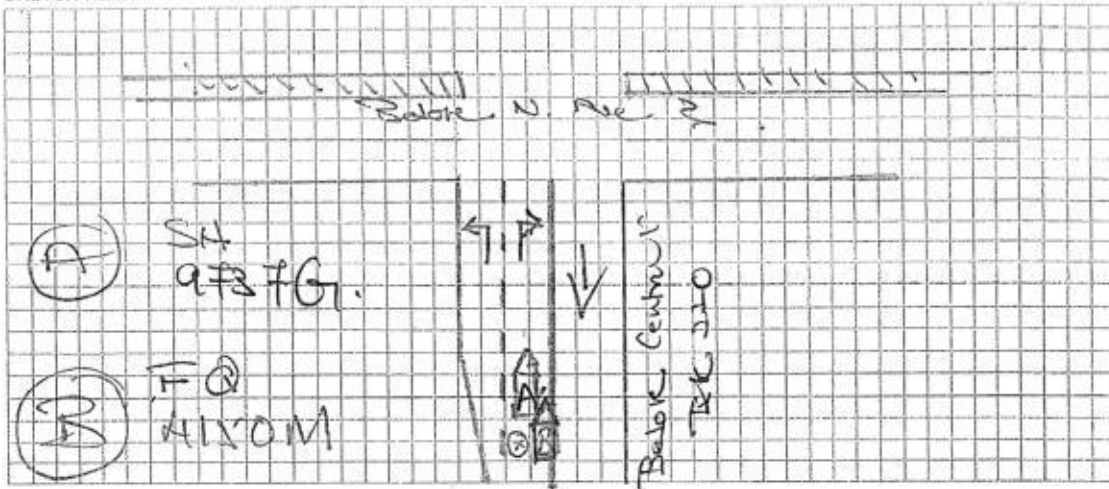
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police

Report: - T/20190602/2026

DECLARATION

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

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

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20190602/2036

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20190602/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2019 11:48		Vide Report No.: G/20190601/0273		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: CHUA CHIN WAH			Address: APT BLK 14 EUNOS CRESCENT #08-2815 SINGAPORE 400014		
ID Type / ID No.: NRIC NO / S0079393J			Contact No.: Home/Office: Mobile: 81393529		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 11/09/1949	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		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: 01/06/2019 22:05	Type of Location: X-Junction <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Location: Along Road 1 BEDOK CENTRAL cross junction of Bedok North Ave 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way (Two way)		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ4150M	Motorcycle				Seriously Damaged	0
SH9737G	TAXI				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190602/2036

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20190602/2036

CONTINUATION OF REPORT

Name	NG ZHENG JIE		ID No.	S9542512G
Related Vehicle	FQ4150M (Motorcycle)		Contact No.	91862681
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	CHUA CHIN WAH		ID No.	S0079393J
Related Vehicle	SH9737G (TAXI)		Contact No.	81393529
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On the 01/06/2019 at about 2205hrs, I was driving along Bedok Central heading towards Bedok North Ave 3 on the right lane. As I was driving, I heard a loud sound coming from the rear of my vehicle followed by a slight nudge. Due to that, I immediately alight from my vehicle to make a check and realized that a motorcycle with registration plate FQ4150M had collided in to the rear of my vehicle. At the same time, I noticed that the rider of the motorcycle had already moved to sit by the side of the road. The said motorcyclist also had friend who was riding with him and help to moved his motorcycle to the side of the road. After which then called for both Police and ambulance. Shortly after, both traffic police and ambulance arrived at the accident scene. Ambulance then attended to the said motorcyclist and advised him to get conveyed to the nearest hospital for a check. Subsequently traffic police then advised me to lodge a traffic accident report with regards to what happened. I am lodging this report for insurance claims



**SINGAPORE
POLICE FORCE**



T/20190602/2036

3 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999


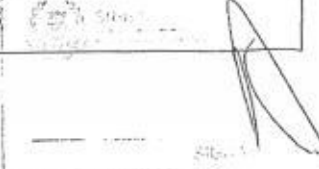
Report No. T/20190602/2036

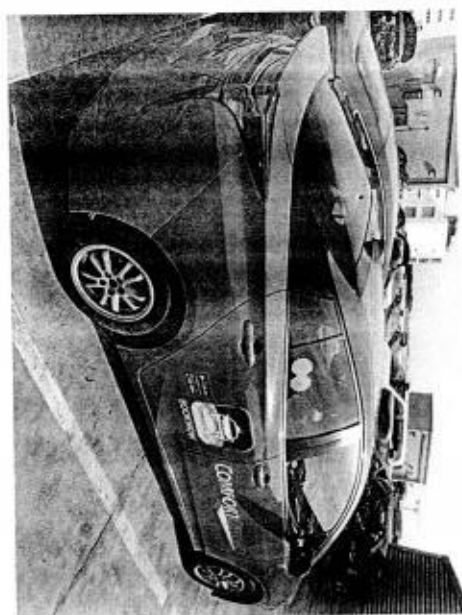
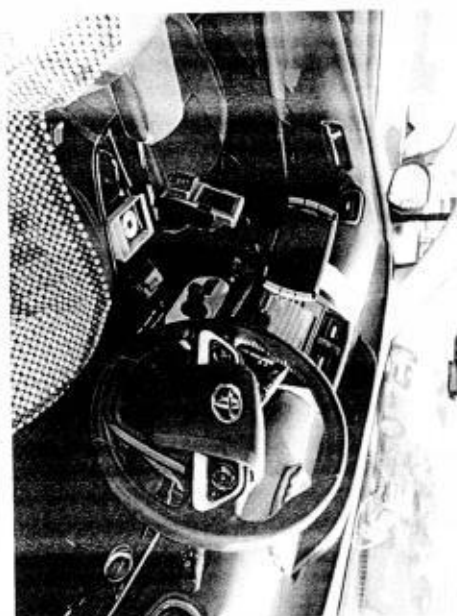
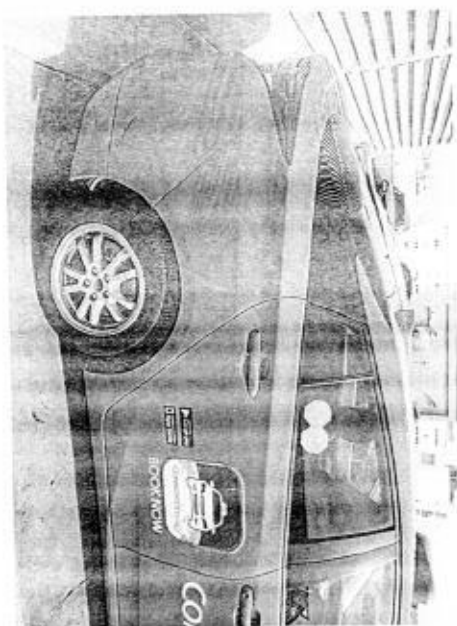
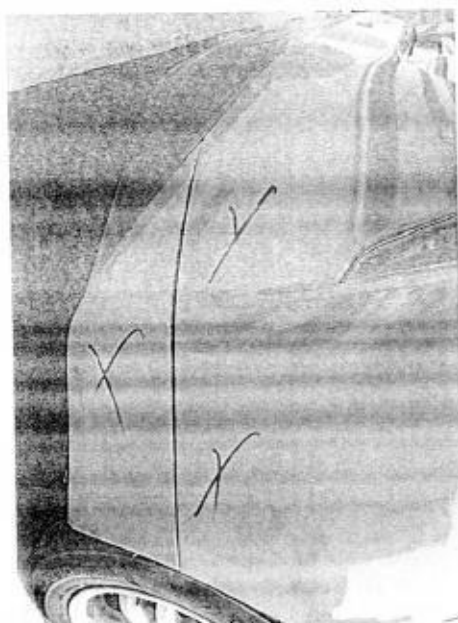
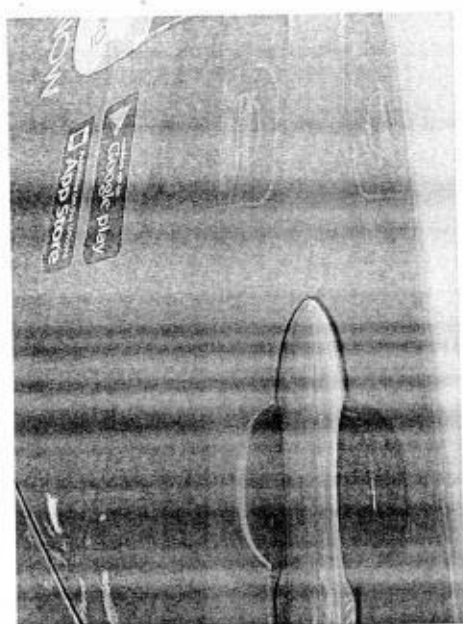
CONTINUATION OF REPORT

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 AW YONG ZHAO LUN ALOYSIUS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/06/2019 11:48
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168 	



REPAIR ESTIMATE

3/6/2019 14:39

Like

MSIG

Kahin (16/16/19)
4/6/19 13 x 4
2 B.
P (P)
Before Print p.h.

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.

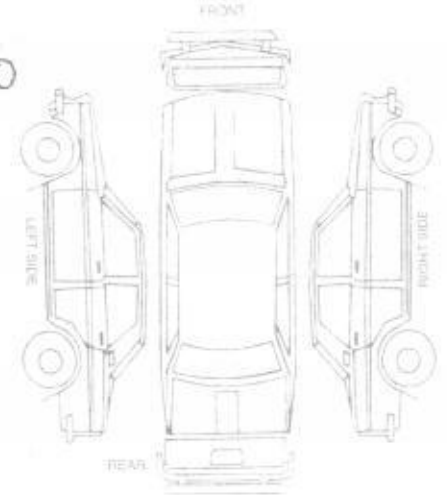
COMFORT DELGRO

Date/Time: 03.06.2019 11:58

Page: 1

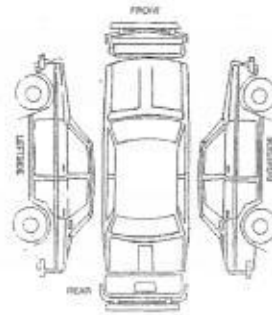
Team: ARC Repair TP(CLSO)1		JOB CARD		Sales Order: 3927303		JE NO.: 305300665	
CUSTOMER COMFORT TRANSPORTATION PTE LTD MS: 7010045 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 65508755 (R) (O) (P)				REGN NO: SH 9737G		MILEAGE	
				MAKE: TOYOTA		FUEL E 1/2 F	
				MODEL: PRIUS HYBRID(G4)		DATE/TIME IN: 01.06.2019 22:05	
				YR OF MANU: 26.07.2017		TARGET DATE	
				CHASSIS CODE: JTDKB3FU803562905		COMPLETION DATE/TIME	
COUNT CARD NO.							

MSIG

Accident Date: 01.06.2019		NATURE: 3P 01.06.2019	
S/NO	LABOR CODE	DESCRIPTION	
000010	23-01	TOWING FEE - \$60	
			

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SH 9737G LKE		Vehicle No.: SH 9737G	
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition																				
<p>1. Date: <u>010614</u> Time Received:</p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr Chua</u> Contact No. : <u>8139 3529</u> Vehicle No. : <u>SH 91 374</u> Make / Model / Colour : <u>7/1 pm</u> Email :</p>	<p>3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)</p>	<p>4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up</p>																		
<p>5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery</p>		<p>6. Parts Replaced/Remarks:</p>																		
<p>7. Location:</p>		<p>8. Vehicle Tow - In Workshop:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Smoky Exhaust</td> <td><input type="checkbox"/> Wheel Jammed</td> </tr> <tr> <td><input type="checkbox"/> Overheating</td> <td><input type="checkbox"/> Steering Faulty</td> </tr> <tr> <td><input type="checkbox"/> Brake Faulty</td> <td><input type="checkbox"/> Alternator Faulty</td> </tr> <tr> <td><input type="checkbox"/> Starting Problem</td> <td><input type="checkbox"/> Loss Power</td> </tr> <tr> <td><input checked="" type="checkbox"/> Accident</td> <td><input type="checkbox"/> Engine Stalled</td> </tr> <tr> <td><input type="checkbox"/> Return Taxi</td> <td></td> </tr> </table>		<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						
<input type="checkbox"/> Smoky Exhaust	<input type="checkbox"/> Wheel Jammed																			
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<p>9. Preferred Workshop:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Braddell</td> <td><input type="checkbox"/> Loring</td> <td><input type="checkbox"/> Pandan</td> </tr> <tr> <td><input type="checkbox"/> Sin Ming</td> <td><input checked="" type="checkbox"/> Sungei Kadut</td> <td><input type="checkbox"/> Ubi</td> </tr> <tr> <td><input type="checkbox"/> Senoko</td> <td><input type="checkbox"/> Komoco (UBI / Leng Kee)</td> <td><input type="checkbox"/> Cycle & Carriage (PD)</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Others: _____</td> </tr> </table>		<input type="checkbox"/> Braddell	<input type="checkbox"/> Loring	<input type="checkbox"/> Pandan	<input type="checkbox"/> Sin Ming	<input checked="" 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: _____			<p>10. Odometer Reading : _____ Fuel Level : <table style="display: inline-table; border: 1px solid black;"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table></p>		F	1/4	1/2	3/4	E
<input type="checkbox"/> Braddell	<input type="checkbox"/> Loring	<input type="checkbox"/> Pandan																		
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<p>11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested</p>		<div style="text-align: center;">  </div> <p># : Cracked X : Dented / : Scratched O : Missing</p> <p style="text-align: center;">Signature of Customer</p>																		
Job Attended																				
<p>12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>SPM</u> Vehicle No. : <u>SH 62307</u> Time Dispatch : _____ Time of Arrival : _____ Time Completed : _____</p>																				
Cash Invoice Details (if applicable)																				
<p>13. Cash Invoice No. : _____</p>																				
Customer Acknowledgement																				
<p>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.</p> <p>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.</p> <p>c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>																				
Date		Time																		
Signature of Customer		Signature of Customer																		
14. WORKSHOP																				
Name of Attending Staff/Guard		Date & Time of Arrival																		
Signature of Attending Staff/Guard		Signature of Attending Staff/Guard																		

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.06.2019

REPAIR ESTIMATE

Time: 17:05:43

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 : 305300665
REGN NO : SH 9737G
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 26.07.2017
DATE/TIME IN : 01.06.2019 22:05
ACCIDENT DATE : 01.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2965-G PRIG4 FILLER-REAR BUMPER 1 L 148.40 25.00 111.30

SUB-TOTAL : 111.30

JOB NATURE

0000 23-01 TOWING FEE 50.00

0001 L PANEL BEATING 200.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 450.00

TOTAL : 561.30

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORT DELGRO
ENGINEERING

VARS

Home		New Request		Search		Welcome, Subramaniam S/O Narayanasamy															
Branch AR Number: AR-06-19-000052 Maintenance Branch: BRADDELL																					
Vehicle Arrival Details Check-In Mode: TOWED (Same Location) Check-In At: 01/06/2019 22:05 Tow Driver's Name: Tow Truck Reg. No.:																					
Vehicle Details Taxi Registration No.: SH9737G Taxi Company: COMFORT TRANSPOR... Taxi Model: TOYOTA PRIUS Taxi Insurer:																					
Hirer Details Status: HIRER Name: LOI PENG KHING NRIC: S0972908I License Issued Date: License Expiry Date: Address: 24 EUNOS CRESCENT #03-3029 400024 Rofed in accident: No, Hirer was not the Driver Mobile Phone No: 96904083 Home Phone No: 67444667																					
Driver Details Status: RELIEF Name: CHUA CHIN WAN NRIC: S0079393J License Issued: License Expired: Address: 14 EUNOS CRESCENT 08-2815 400014 Mobile Phone No: 81393529 Home Phone No:																					
Accident Details Accident Date: 01/06/2019 22:05 Downtime Start: 01/06/2019 22:05 Accident Location: BEDOK CENTRAL TWDS BEDOK N AVE 3 BLK 220 Location Type: STRAIGHT ROAD Traffic Control: TRAFFIC LIGHT OPERATING CORRECTLY Traffic Flow: TWO WAY Weather Conditions: CLEAR Traffic Volume: MODERATE Road Condition: DRY Lighting Condition: DAYLIGHT Taxi Damaged At: RIGHT REAR Damage Severity: MODERATE Late Report Reason: Remarks: SD CARD TP. Taxi Speed: 10 KM/H No. of Passenger: 0 Collision Type: SIDE-SWIPE Brakes Applied: Yes, brakes applied Reported To Police: Yes, reported to police Police Report No.: T/20190602/2036 Ambulance Called: Yes, ambulance called Scene Photo Taken: No Scene Video Taken: No Driver Hospitalized: No																					
Third Party Property Details <table border="1"> <thead> <tr> <th>Vehicle No</th> <th>Involved Others</th> <th>Owner Name</th> <th>Owner NRIC</th> <th>Damage At</th> <th>Damage Se...</th> <th>Involved T...</th> </tr> </thead> <tbody> <tr> <td>FQ4150M</td> <td></td> <td></td> <td></td> <td>FRONT</td> <td></td> <td></td> </tr> </tbody> </table>								Vehicle No	Involved Others	Owner Name	Owner NRIC	Damage At	Damage Se...	Involved T...	FQ4150M				FRONT		
Vehicle No	Involved Others	Owner Name	Owner NRIC	Damage At	Damage Se...	Involved T...															
FQ4150M				FRONT																	

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/MSG19009864/K1TD3N2

Date: 11/06/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMT/19-395782-CA
Claimant Vehicle No :	SH9737G	Insured Vehicle No :	FQ4150M
Date of Loss:	01/06/2019	Nature of Claim:	TP
		Claim No:	MSC/V/19-000618

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH9737G	Engine No:	2ZRS059990
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Chassis No:	JTDKB3FU803562905
Reg. Date:	26/07/2017 (Man. Year: 2017)	Odometer:	255533 km
Colour:	Blue		
Engine Capacity:	1798 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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	471.75	111.30	360.45	76.41
Miscellaneous Items	0.00	0.00	0.00	
Labour	770.00	450.00	320.00	41.56
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	1,241.75	561.30	680.45	54.80
+ GST 7.00/7.00% (\$\$)	86.92	39.29	47.63	54.80
Nett Amount (\$\$)	1,328.67	600.59	728.08	54.80

INSPECTION

Date of Assignment:	04/06/2019	
Date Inspected:	04/06/2019	Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 11 Jun 2019)
Parts:	144	TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH9737G)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Repair	458.60 FL	*- FL
2	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
3	1		*SEAL,REAR BUMPER SIDE,RH	Cracked	148.40 FL	*148.40 FL
						F=Franchise part. L=ListItemDisc.
Sub Total (S\$)					629.00	148.40
- List Item Discount on L Items 25.00/25.00% (S\$)					157.25	37.10
Total Parts (S\$)					471.75	111.30

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	30.00	0.00
4	TOWING CHARGE	New	60.00	50.00
5	REMOVE/REFIX REVERSE SENSOR	New	80.00	0.00
Gross Labour Cost (\$\$)			770.00	450.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >