

22/03/2019

ASS. REC. BY:

REF: CS/TM119010817/ K1+d3n2

Special Instruction:

Surveyor: Kalvin**ASSIGNMENT (Office)**From (Person): Tejma Gomezof TM1Date/Time: 18.6.19 17:37p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SH 6790x

Insured:

SLM 72755at Workshop m/s Comfo Ade 190

Tel:

62148300of 59 Johang DrivePolicy No: MC 000192

Claim No:

M1904085

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 4.6.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 20.6.19 5:39p.m

Person Contacted:

JumaniVehicle IN/OUT

Date/Time	Action/Instruction	Estimate (✓)
	SH 6790x - x	
	SLM 72755 - x	

(08/11/13)

Surveyor: Kohn

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

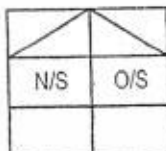
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 6790X Yr Regn: 2 May 2019

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

Truck / Trailer or

Make: Toyota Prius C.C. 1728

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 11791 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKBJF4503080022

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 A/Rim or

Tyre Size: F: 175/65R15

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 4/6/19 D.O.I. 18/6/19

Survey held at CPGE (Loyang)

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

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

Date / Time	Action / Instruction
19/6/19	Insured P/P \$801.45 / 2 P's (led: 634.45 : 440/0) Toki PR

RECEIVED 19 JUN 2019

Date/Time, File Pass to?

1) 19/6 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: -

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Test (\$ _____)

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Other

250

11

261

Report Format

TP

0 801.45

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt.	Adj Submitted	Ins Auth'd	Status
Main	18 Jun 2019 11:28 Sendback Est	18 Jun 2019 11:31 S\$1,435.90	18 Jun 2019 17:33 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH6790X	Date of Loss:	04/06/2019 09:00 - :59 [1 Months and 2 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1904085	Policy/Cover Note No.:	MK000192 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLM7275S	Policy No. (Claimant):	D-18088936MFSH
		Excess:	S\$1,600.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]		
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 27/06/2019]		

ASSOCIATED MAIL RECEIVED
[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS
[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

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

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	04/06/2019 11:54
Date Of Accident	04/06/2019 09:55
Exact Location Of Accident	MARINA BLVD X SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6790X
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	NG SWEE MENG SHAUN
NRIC No	S7638586F
Date Of Birth	10/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1997
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85006687
Fax Number	
Contact Number	
Email Address	SHAUN.6083K@YAHOO.COM.SG

Address	310C 09-580 PUNGGOL WALK
Postcode	823310
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

Attachment(s)

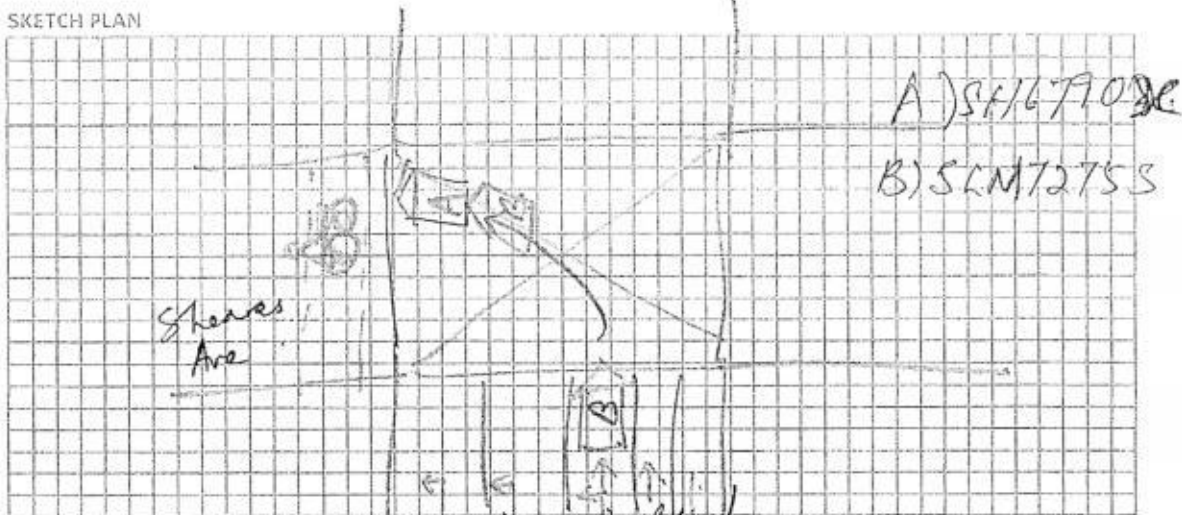
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM7275S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG TONG KONG
NRIC/Passport Number	S1327122D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/6/19 at about 0955hrs while I Veh A stopped at the junction because of a crossing cyclist, Veh B collided onto the rear of my stationary vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE. L.
CO. REG. NO. 199303321R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

[Signature]
R. M. P. 199303321R
CSO
4/6/19

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

Policyholder's Signature

Date & Time:

Driver's Signature

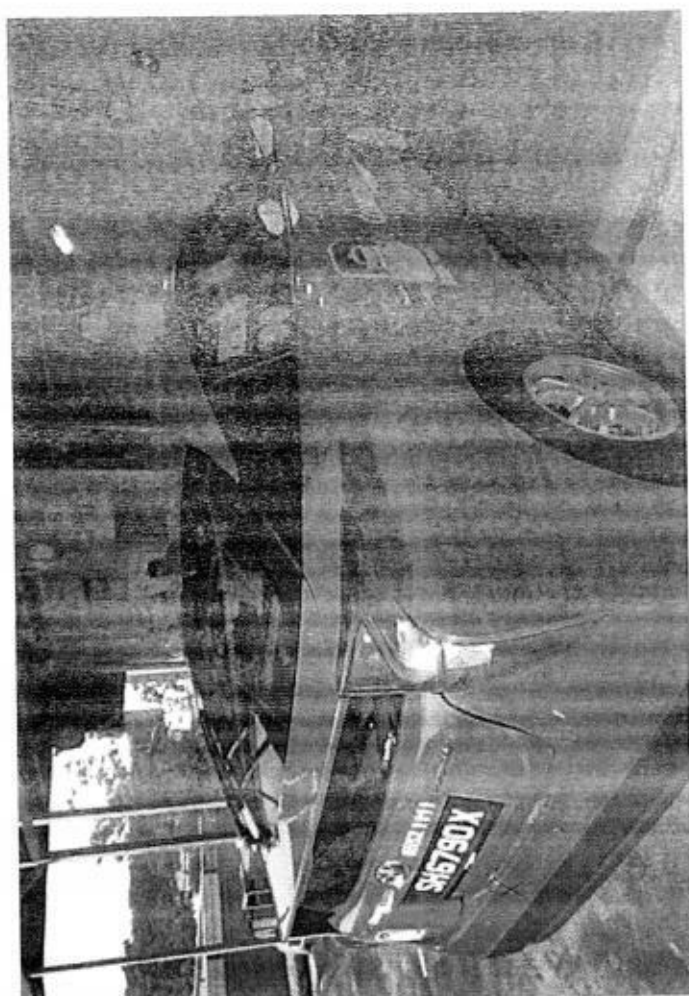
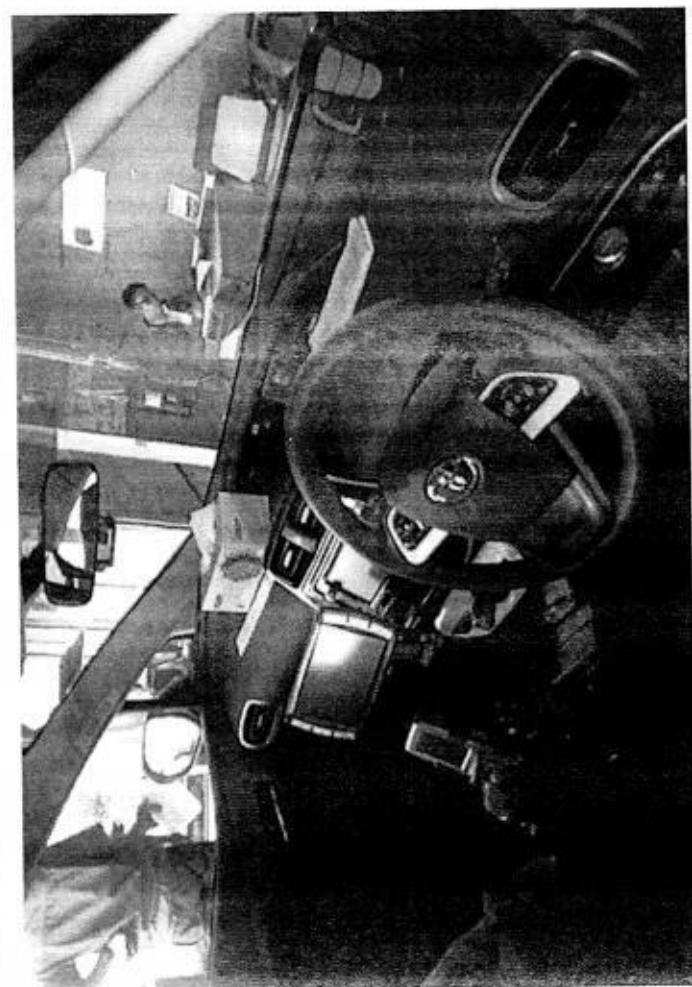
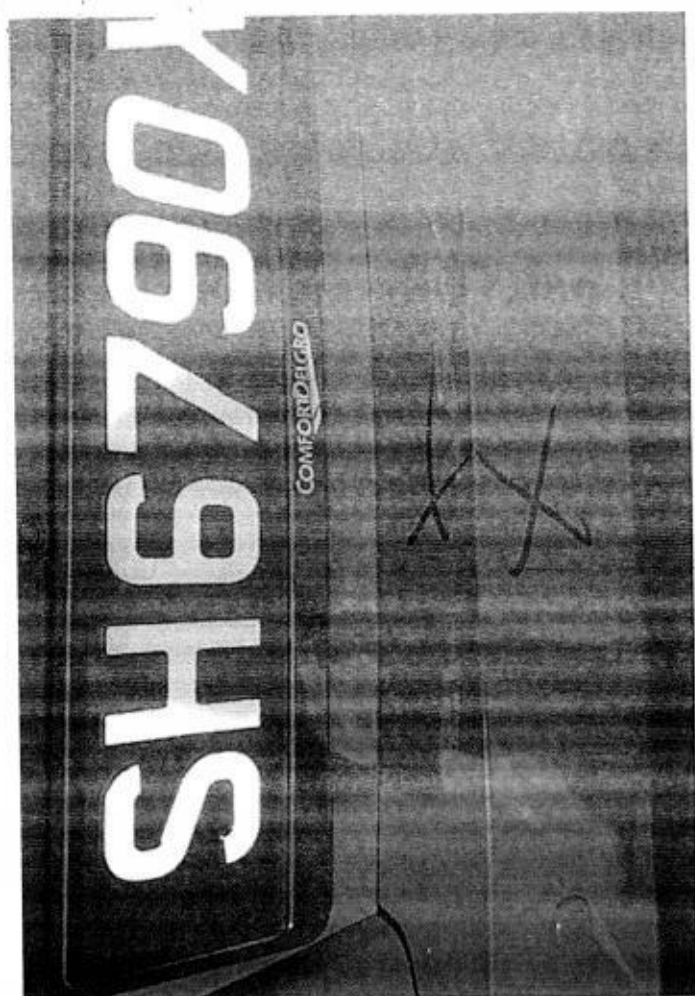
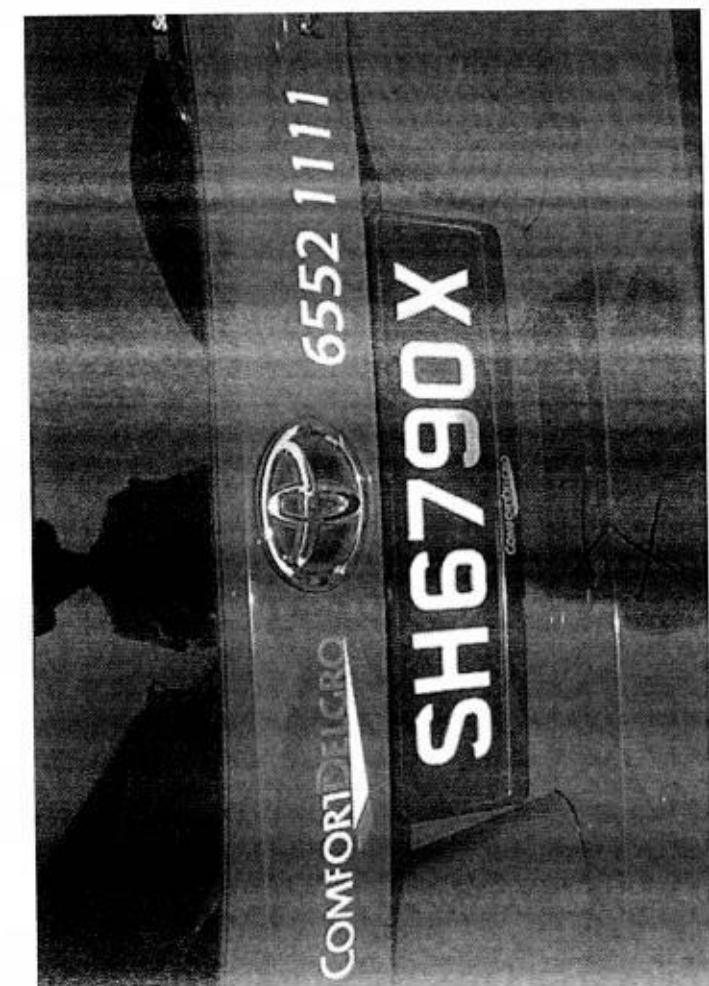
(If driver is not the policyholder)

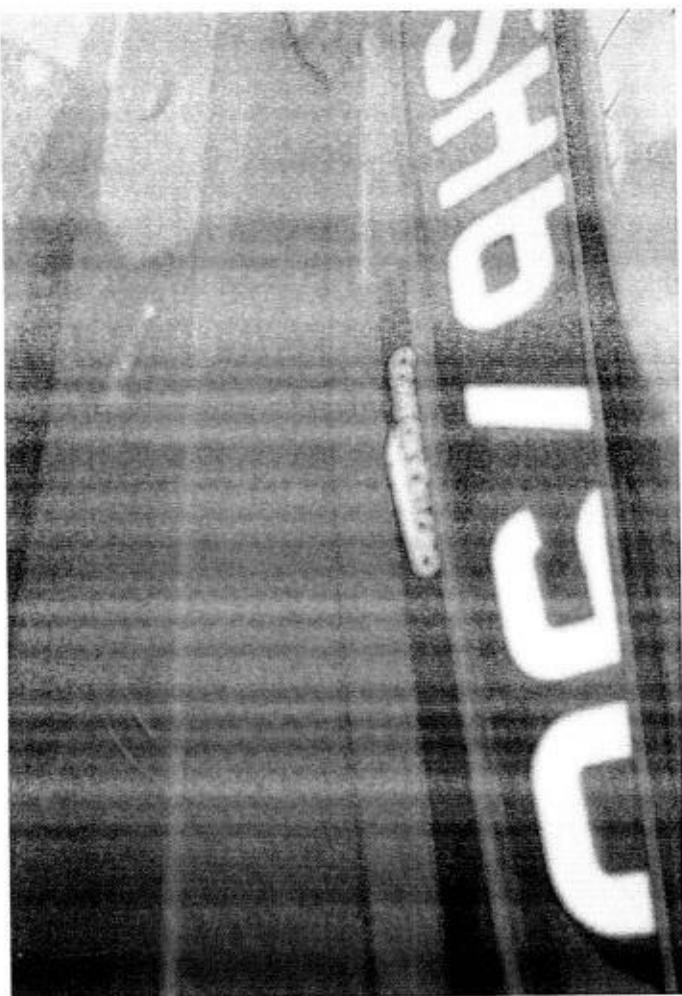
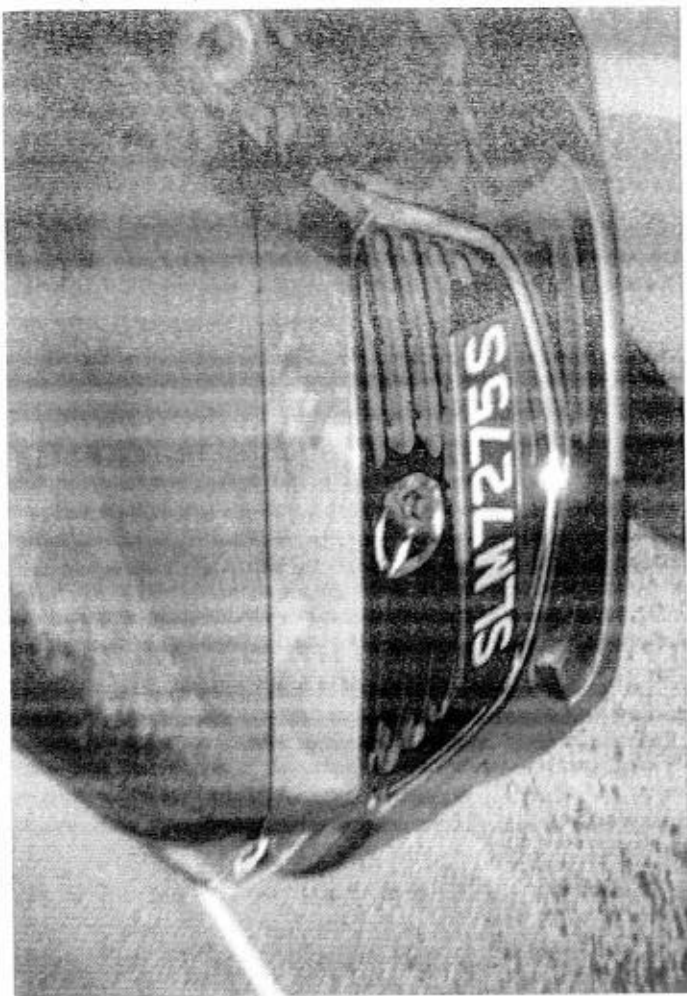
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





ComfortDelGro Engineering Pte Ltd (Co Reg. No: 199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	04/06/2019
Vehicle Reg. No.:	SH6790X	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	NG SWEE MENG SHAUN		
Make/Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Vehicle Reg. Date:	02/05/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2C09910	Chassis No:	JTDKB3FU503080022
Odometer:	1 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Description of Accident/Loss	SEE ATTACH.		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	774.90
Miscellaneous Items	11.00
Labour	650.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,435.90
+ GST 7.00% (S\$)	100.51
Nett Amount (S\$)	1,536.41

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 18 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: ComfortDelGro Engineering Pte Ltd/SH6790X/18/06/2019 11:31

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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>Personal</i>	25.00	0.00	*458.60 FL
2	10		*REAR BUMPER CLIPS <i>we</i>	25.00	0.00	*22.00 FL
3	1		*REAR BUMPER UNDERCOVER <i>X we</i>	25.00	0.00	*552.60 FL
Sub Total (S\$)						1,033.20
- List Item Discount on L Items (S\$)						258.30
Total Parts (S\$)						774.90

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SH6790X/18/06/2019 11:31. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	200 250.00
2	SPRAY PAINTING	New	200 250.00
3	REMOVE/REFIX REVERSE SENSOR	New	70 100.00
4	WIRING CHARGE	New	11 X 50.00
Gross Labour Cost (S\$)			650.00

ComfortDelGro Engineering Pte Ltd/SH6790X/18/06/2019 11:31. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka hua 10/6/19
18/6/19 11:50
2 Days
PIP
Before Part p4

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305304393

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

VMS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

SCOUT CARD NO.

REGN NO.:

SH 6790X

MILEAGE

MAKE :

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)18.06.2019 09:00

DATE/TIME IN

YR OF MANU.

02.05.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU503080022

COMPLETION DATE/TIME:

JOB DESCRIPTION

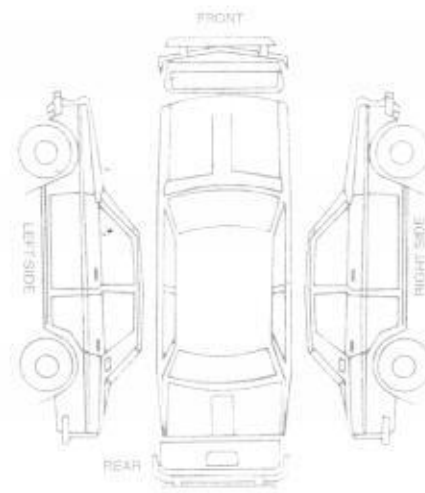
Accident Date: 04.06.2019

NATURE: 3P 04.06.2019

V/NO

LABOR CODE

DESCRIPTION

TOKIO - Rear
LCC/Falun -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

a:

Jo:

le No.:

SH 6790X

LARRY

Vehicle No.:

SH 6790X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

a returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 19.06.2019
Time: 08:23:08
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 : 305304393
REGN NO : SH 6790X
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 02.05.2019
DATE/TIME IN : 18.06.2019 09:00
ACCIDENT DATE : 04.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0002 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50

SUB-TOTAL : 360.45

JOB NATURE

0000 L	MERIMEN FEE	11.00
0001 PB	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0003 L	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 441.00

TOTAL : 801.45

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305304393

Date : 19. Jun. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 6790X

Date of Accident: 4. Jun. 2019

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

1. The repair job shall bill to: TOKIO SLM7275S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$360.45
 - (b) Labour Charges \$441.00
 - Total for Part-By-Part Repair Cost \$801.45**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 19/6/19

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				
3. Survey Fees				
4. LTA Search Fee				
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/TMI19010817/K1TD3N2

Date: 25/06/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000192
Claimant Vehicle No :	SH6790X	Insured Vehicle No :	SLM7275S
Date of Loss:	04/06/2019	Nature of Claim:	TP
		Claim No:	M1904085

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH6790X	Engine No:	2ZR2C09910
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FU503080022
Reg. Date:	02/05/2019 (Man. Year: 2018)	Odometer:	19791 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/60R16
Front Left Side:	Goodyear 8 mm	Rear Left Side:	Goodyear 8 mm
Front Right Side:	Goodyear 8 mm	Rear Right Side:	Goodyear 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	774.90	360.45	414.45	53.48
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	650.00	430.00	220.00	33.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	1,435.90	801.45	634.45	44.18
+ GST 7.00/7.00% (\$\$)	100.51	56.10	44.41	44.18
Nett Amount (\$\$)	1,536.41	857.55	678.86	44.18

INSPECTION

Date of Assignment:	18/06/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	18/06/2019	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: 25 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 SH6790X)	
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	Deformed	458.60 FL	*458.60 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER UNDERCOVER	Serviceable	552.60 FL	*- FL
F=Franchise part. L=List/ItemDisc.						
				Sub Total (\$\$)	1,033.20	480.60
				- List Item Discount on L Items 25.00/25.00% (\$\$)	258.30	120.15
				Total Parts (\$\$)	774.90	360.45

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	11.00	11.00
Sub Total (S\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	250.00	200.00
2	SPRAY PAINTING	New	250.00	200.00
3	REMOVE/REFIX REVERSE SENSOR	New	100.00	30.00
4	WIRING CHARGE	New	50.00	0.00
Gross Labour Cost (S\$)			650.00	430.00

Report was unsubmitted during this print-out.

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