

ASS. REC. BY:

REF

CS/TM21901166L/K1VD3N2

Special Instruction:

Surveyor: Jaivin

ASSIGNMENT (Office)

From (Person): Francis Ng Kwai Kay of TN1Date/Time: 27/19 14:27p.m.

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 1788TInsured: SGU 5919Zat Workshop m/s ComfortdryoTel: 6214 8300of 591 Bayang DrivePolicy No: MT110074Claim No: M1904896

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 30.6.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 27/19 3:27p.m.Person Contacted: LimamVehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGU 5919Z / CS3/A2G/10024349 / D.O.A. 28/10/2016
	SHC 1788T / CC3/A2G/10024349 / D.O.A. 28/11/2016

Survein: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 Rpt: _____ 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: SHC 1788T Yr Regn: 75y 202

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

Truck / Trailer or

Make: Toyota Prius C.O. 1298Colour: Blue A/C: Ins 6 / Std / NI / NASp. Reading: 371507 T/Radio: Ins 2 / Std / NI / NAEng/No: 371507C/No: J7DK B3F4X05 63960

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Wet/KFront 7 mm Rear 7 mmR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 30/6/19 D.O.I. 2/7/19Survey held at: CPHE (Loyang)

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

Ru

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

Date / Time	Action / Instruction
9/7/19	Call 1/P \$1275.90 / 2 Hrs. (Recd 858.95, 4070) To/Kio P/P

RECEIVED 9 JUL 2019

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2) qh - typetDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Phone:

250

11

261

merimen
P/P \$1275.90

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	01 Jul 2019 17:08 Sendback Est	01 Jul 2019 17:15 S\$2,134.85	02 Jul 2019 14:27 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	ANG YI BAO, ID: S8833367E								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHC1788T	Date of Loss:	30/06/2019 15:00 - :59 [30 Months and 23 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1904896	Policy/Cover Note No.:	MT110074 (TP, Fire & Theft) Coverage: 18/11/2018 - 17/11/2019						
Vehicle Reg. No. (Insured):	SGU59192	Policy No. (Claimant):							
		Excess:	S\$0.00						
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 Ng Kwai Kay Francis]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 11/07/2019]								
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	01/07/2019 13:43
Date Of Accident	30/06/2019 16:00
Exact Location Of Accident	BKE TO SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1788T
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	KOK TECK WEE
NRIC No	S7606027D
Date Of Birth	28/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2001
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91451229
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 403 FAJAR ROAD #09-255
Postcode	670403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	6
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	NAME: : - GENDER: : FEMALE

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

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	SGU5919Z
Vehicle Make/Model/Colour	SUZUKI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG YI BAO
NRIC/Passport Number	S8833367E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOK TECK WEE
Approximate Age	
Injuries Sustain	NECK AND LOWER BACK
Injured person in which vehicle?	SHC1788T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN(PAX-1)
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHC1788T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UNKNOWN(PAX-2)
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHC1788T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	UNKNOWN(PAX-3)
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHC1788T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	

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:

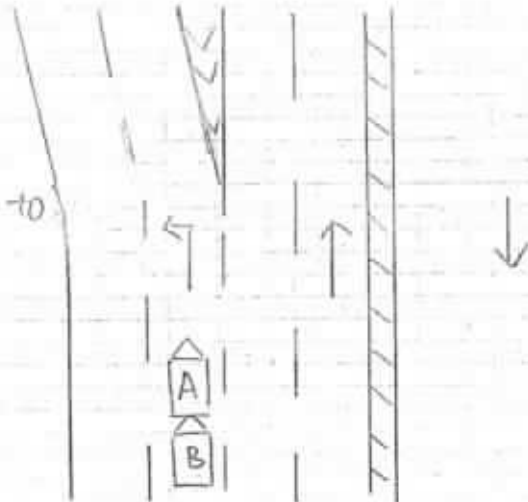
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A: SHC 17887

B: SGU 5919Z

BKE to
SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/6/19 at 16:00 hrs, I was driving
 At above said location with 5 passengers onboard.
 (3 Adult, 2 child). Shortly veh in front brake to stop
 and I doing so. A few second later, I felt an
 impact from taxi behind. Veh B it front portion
 collided onto the rear portion of my taxi.
 I suffered pain on neck and lower back, will consult
 doctor later on. When drop off the passengers, they
 claim that neck pain. will consult doctor.

DECLARATION

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

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JG No: 305307684

TOMER
COMFORT TRANSPORTATION PTE LTD
7010045
TOMER NO.
383 SIN MING DRIVE
RESS
Singapore SINGAPORE 575717
65508755

REGN NO	SHC1788T	MILEAGE
MAKE	TOYOTA	FUEL E 1/2 F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 30.06.2019 17:30
YR OF MANU	07.09.2017	TARGET DATE
CHASSIS CODE	JTDKB3FUX03563960	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 30.06.2019
NATURE: 3P 30.06.2019

S/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgment Slip

Exit Pass

Vehicle No: SHC1788T CHIANG

Vehicle No: SHC1788T

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co Reg No: 199506548W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
 CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	30/06/2019
Vehicle Reg. No.:	SHC1788T	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.5 HYBRID CVT (A)	Vehicle Reg. Date:	07/12/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS063210	Chassis No:	JTDKB3FUX03563960
Odometer:	371507 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,233.85
Miscellaneous Items	11.00
Labour	890.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,134.85
+ GST 7.00% (S\$)	149.44
Nett Amount (S\$)	2,284.29

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 01 Jul 2019)

Parts: 144 TOYOTA PRIUS 1.5 HYBRID CVT (A) (Catalogue: Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHC1788T/01/07/2019 17:15

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>Rhe</i>	25.00	0.00	*458.60 FL
2	1		*REAR BUMPER UNDER COVER <i>Det</i>	25.00	0.00	*552.60 FL
3	1		*REAR BUMPER REINFORCEMENT <i>Rhe</i>	25.00	0.00	*318.30 FL
4	1		*REAR BUMPER SIDE RETAINER <i>Rhe</i>	25.00	0.00	*112.70 FL
5	10		*REAR BUMPER CLIPS <i>Rhe</i>	25.00	0.00	*22.00 FL
6	1		*REAR BUMPER REVERSE SENSOR <i>Rhe</i>	0	0.00	*135.70 FS

F=Franchise part S=SpocNett L=ListItemDisc

Sub Total (\$\$)

1,599.90

- List Item Discount on L Items (\$\$)

366.05

Total Parts (\$\$)

1,233.85

ComfortDelGro Engineering Pte Ltd/SHC1788T/01/07/2019 17:15. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			<u>200</u>
1	PANEL BEATING	New	400.00
2	SPRAY PAINTING	New	300.00
3	WIRING	New	50.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00
5	TOWING FEE	New	60.00
Gross Labour Cost (\$\$)			890.00

ComfortDelGro Engineering Pte Ltd/SHC1788T/01/07/2019 17:15. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kahn / Uday
N 2/7/19 1045L
2 By,
P/P
Before parent p th

[illegible]

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

JOB NO : 305307684
REGN NO : SHC1788T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 07.09.2017
DATE/TIME IN : 30.06.2019 17:30
ACCIDENT DATE : 30.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,327.56

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 06.07.2019

Time: 10:57:23

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 : 305307684
 REGN NO : SHC1788T
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 07.09.2017
 DATE/TIME IN : 30.06.2019 17:30
 ACCIDENT DATE : 30.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	20.00	366.88
0002 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	20.00	442.08
0003 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	20.00	17.60

SUB-TOTAL : 826.56

JOB NATURE

0000 L	MERIMEN FEE	11.00
0001 PB	PANEL BEATING	200.00
0002 SP	SPRAYPAINT CHARGE	200.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	30.00
0004 23-01	TOWING FEE	60.00

SUB-TOTAL : 501.00

Handwritten signature

Our Job Ref No : 305307684
Date : 08/07/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHC1788T

Fax :

30/06/2019

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

1. The repair job shall bill to: TOKIO SGU5919Z

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$774.90

(b) Labour Charges

\$501.00

Total for Part-By-Part Repair Cost

\$1275.90

(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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : Kaki

Date : 9/7/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/TMI19011686/K1VD3N2

Date: 15/07/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT110074
Claimant Vehicle No :	SHC1788T	Insured Vehicle No :	SGU5919Z
Date of Loss:	30/06/2019	Nature of Claim:	TP
		Claim No:	M1904896

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC1788T	Engine No:	2ZRS063210
Make & Model:	TOYOTA PRIUS, 1.5 HYBRID CVT (A)	Chassis No:	JTDKB3FUX03563960
Reg. Date:	07/09/2017 (Man. Year: 2017)	Odometer:	371507 km
Colour:	Blue		
Engine Capacity:	1798 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	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:	195/65R15
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,233.85	774.90	458.95	37.20
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	890.00	490.00	400.00	44.94
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,134.85	1,275.90	858.95	40.23
+ GST 7.00/7.00% (S\$)	149.44	89.31	60.13	40.24
Nett Amount (S\$)	2,284.29	1,365.21	919.08	40.23

INSPECTION

Date of Assignment:	02/07/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	02/07/2019	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: VERON CHEN

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

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 15 Jul 2019)
Parts:	144	TOYOTA PRIUS 1.5 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC1788T)	
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	1		*REAR BUMPER UNDER COVER	Cut	552.60 FL	*552.60 FL
3	1		*REAR BUMPER REINFORCEMENT	Serviceable	318.30 FL	*- FL
4	1		*REAR BUMPER SIDE RETAINER	Serviceable	112.70 FL	*- FL
5	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
					Sub Total (\$\$)	1,599.90 1,033.20
					- List Item Discount on L Items 25.00/25.00% (\$\$)	366.05 258.30
					Total Parts (\$\$)	1,233.85 774.90

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

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	400.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
3	WIRING	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
5	TOWING FEE	New	60.00	60.00
Gross Labour Cost (S\$)			890.00	490.00

Report was unsubmitted during this print-out.

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