

INS. CASE OWNER:

CC 3, CT1 190 14438, K1ea39

LKK:
IDAC:

Surveyor:

Pmk

DOI:

ASSIGNMENT

15/8/19

Date / Time:

15/8/19

Registered in Merimen:

Pre-assign / CCU / FTE

SLR 59403



Insured Vehicle No.:

Claim No.:

Name of Insured:

SIVARAMAN S/O ELENGOMAN

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$5

D.O.A.:

13/8/2019

Place of Accident:

Is driver the owner?

(YES)

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHA 2026M



INSRS:

WSP:

Tel:

Liability:

RMKS:

COWG 10445



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHA 2026M - X; SLR 59403 - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

EMAIL 23.8.19

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: Pmk

Repair Cost: DIP \$5,141.30 (3 days) Reduction: 40 % Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time: 10-09-19

Confirm with: Pmk

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

21

If NO or B 28, Ass. Lia.:

Repair Cost: \$5,141.30 (3 days) x 125.40 OI REPAIR INVOICE TP

Loss of Rental (LOR):

\$5,141.30

(3 days) x 125.40

Loss of Use (LOU):

\$5

(\$ x 3 days)

Loss of Income (LOI):

\$5,141.30

(\$ x 3 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search

\$5,141.30

Medical:

\$5

Disbursement:

\$5

Legal Cost

\$5

Total: \$5,141.30

Global Sum \$5:

FINAL PAYMENT

Date/Time: 10-09-19

Confirm with: Pmk

Email ☐ Call ☐

Payee 1: \$5,141.30 Name 1: CONCEPTUAL ENGINEERING PTE LTD.

Payee 2: (Strike if N.A.) \$5 Name 2:

Payee 3: (Strike if N.A.) \$5 Name 3:

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: 7400

01/11/13

REF:

Surveyor: Kalvin

ASSIGNMENT

SHA 202 6M Yr Regn: 574 217

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.



Bel. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repair: _____

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: _____

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

Truck / Trailer or

Make: Toyota Prius

C.C. 1700

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 283628

T/Radio: Insured / Std / NI / NA

Eng/No: _____

CINo: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brake: Inoperative / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / SD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 13/8/19

Survey held at

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

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

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 15/8/19

CPHE (Loyang)

Rear o/s.

Date / Time

Action / Instruction

PIP: +1761.30 CRED: +1059.95 4/1/13

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation _____

VOID Fee: ☐

Site Fee: ☐

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.

Our Job Ref No 305324687
Date : 17.08.19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA2026M CTPL

Fax :


13.08.19


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

1. The repair job shall bill to: CHINA SLR5940S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,257.30
 - (b) Labour Charges \$510.00
 - Total for Part-By-Part Repair Cost \$1,767.30
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALVIN ANG
Date : 19/8/19

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 17.08.2019

Time: 16:26:17

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 : 305324687
 REGN NO : SHA2026M
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 05.07.2017
 DATE/TIME IN : 13.08.2019 18:00
 ACCIDENT DATE : 13.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95
0002 04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0003 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45
0004 04-01-0302-0795-G	PRIG4 LENS AND BODY REAR	1 L	548.40	25.00	411.30
0005 04-01-0302-3937-G	PRIG4 RETAINER RR BUMPER	1 L	94.80	25.00	71.10

SUB-TOTAL : 1,257.30

JOB NATURE

0000 23-01	TOWING FEE	60.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0003 17-01	CHECK ALL LIGHTING	20.00
0004 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 510.00

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

JOB NO : 305324687
REGN NO : SHA2026M
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 05.07.2017
DATE/TIME IN : 13.08.2019 18:0
ACCIDENT DATE : 13.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,767.30

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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

Date: 14.08.2019 10:38

Page: 1

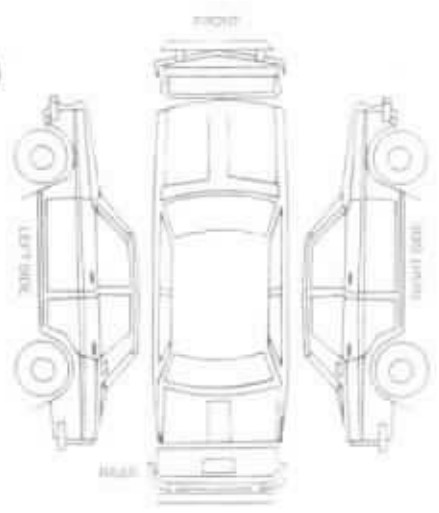
Team: ARC Repair TP(CLSO)1		JOB CARD	Sales Order: 3945473	JO NO: 305324687
OWNER:	COMFORT TRANSPORTATION PTE LTD		REGN NO: SHA2026M	MILEAGE
IS:	7010045		MAKE: TOYOTA	FUEL
OWNER NO:	383 SIN MING DRIVE		MODEL: PRIUS HYBRID(G4)	DATE/TIME IN: 13.08.2019 18:00
LESS:	Singapore SINGAPORE 575717		YR OF MANU: 05.07.2017	TARGET DATE
(R):	65508755		CHASSIS CODE: JTDKB3FU403561184	COMPLETION DATE/TIME
(P):				
COUNT CARD NO:				

CHINA

Accident Date: 13.08.2019
NATURE: 3P 13.08.2019

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE - \$60



CKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Vehicle No: SHA2026M	LKE 	Exit Pass	Vehicle No: SHA2026M
Name of Service Advisor	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

Mei Kwan (LKKAUTO)

From: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Sent: Wednesday, 21 August, 2019 9:52 AM
To: Mei Kwan (LKKAUTO)
Cc: Asher Sng (LKKAUTO); Ong Chin Kiat
Subject: RE: OUR REF: SNM19D203792-SLR5940S-OCK - FW: Direct Settlement - Accident Involving SLR5940S (OI : CTI - TBA) and SHA2026M (TP : LKK REF - CC3/CTI19014438/K1ea3) on 13/08/2019
Attachments: SLR5940S.PDF
Categories: HMK

Without Prejudice

Dear Mei Kwan,

We refer to your email below.

Attached is our insured's GIA report for your necessary action.

We awaits your further advice on the matter.

Thank you.

Regards

Tan Kah Leong
Assistant Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/

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From: Lim Shu Min
Sent: Wednesday, 21 August, 2019 9:46 AM
To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Subject: FW: OUR REF: SNM19D203792-SLR5940S-OCK - FW: Direct Settlement - Accident Involving SLR5940S (OI : CTI - TBA) and SHA2026M (TP : LKK REF - CC3/CTI19014438/K1ea3) on 13/08/2019

Thank you

Lim Shu Min
Executive
Claims Department

- TP GIA report
- TP estimated cost of repair
- Preliminary advice

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge Asher and she can be contacted at DID: 6841 6051.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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COMFORTDELGRO ENGINEERING

Our Ref : T 0819 / SHA2026M /WT(st)

Your Ref :

Date : 21-Aug-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199504549W

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
Yishun Industrial Park A
Singapore 768732

CHINA TAIPING INSURANCE CO LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA2026M YOUR INSURED SLR5940S
AND OTHER _____ ON 13.08.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA2026M which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving SLR5940S we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,891.01
6	3.5 days Loss of Rental @ \$ 125.40 per day	\$ 438.90
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 2,337.40

HIRER'S CLAIM

7	3.5 days Loss of Income @ \$ 80.00 per days	\$ 280.00
Total Claims :		\$ 2,617.40

We enclose herewith the following documents to support the claims :-

- a) Original repair bill and photocopies of photographs : 8 pcs.
- b) LTA search slip/s of : SLR5940S
- c) GIA / Police report/s of : SHA2026M
- d) Letter of authority from owner / hirer / operator
- () Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
- (X) Photograph/s of Accident Scen (x) Downtime/Mileage record (x) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO



Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Friday, 23 August 2019 2:16 PM
To: SIVA_NASH@YAHOO.COM.SG
Subject: ACCIDENT INVOLVING SLR 5940S AND SHA 2026M ON 13/08/2019

Our Ref: CC3/CTI19014438/K1ea3

23 AUG 2019

SIVARAMAN S/O ELENGOVAN

Dear Sir/Madam,

ACCIDENT INVOLVING SLR 5940S AND SHA 2026M ON 13/08/2019

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHA2026M , SLR5940S ON 13-Aug-19 18:00
ALONG T JUNCTION OF WOODLANDS DRIVE 14 AND BLK 512A MSCP

I / We ONG KIM BENG (Hirer) NRIC No.: S1796622G

and/or TAN TECK GUAN (Relief) NRIC No.: SXXXX271A

Taxi Number SHA2026M

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date 14-Aug-2019

Name of Hirer ONG KIM BENG

Hirer NRIC SXXXX622G

Signature :



Address 951 HOUGANG AVENUE 9 #07-506
530951

Contact No. 81575201

Name of Relief TAN TECK GUAN

Relief NRIC SXXXX271A

Signature :



Address 676A YISHUN RING RD #11-1904
761676

Contact No. 98501153

Asher

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3012231900

Claim No : SNM19D203792

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$2,424.70

DOLLARS TWO THOUSAND FOUR HUNDRED TWENTY FOUR AND CENTS
SEVENTY ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHA 2026M

Insured Vehicle No. : SLR 59405

Date of Loss : 13/08/2019

Place of Accident : T JUNCTION OF WOODLANDS DRIVE 14 AND BLK 512A MSCP

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : SIVARAMAN S/O ELENGOVAN

Driver Name : SIVARAMAN S/O ELENGOVAN

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/Excess	S\$	1,891.01
(3) Loss of Use/Rental/Earning	S\$	526.20
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL		S\$ 2,424.70

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :



CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 509591

Date :

10.9.19

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91461787	1,891.01	

Our Ref: CT19080289

Date: 20 August 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	13/08/2019 @ 18:00 hrs
ALONG	T JUNCTION OF WOODLANDS DRIVE 14 AND BLK
	512A MSCP
INVOLVING	SLR5940S

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA2026M** (the "Taxi"). The Taxi was hired to **ONG KIM BENG IC NO SXXXX622G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Manager, Fleet Safety

This is a computer generated letter. No signature is required.

[illegible]

Enquire Vehicle Insurance Details

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

SLR59405 13 Aug 2019 / 18:00:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SLR 2016M




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
CHINA TAIPING INSURANCE (S) PTE LTD			Ref : CC3/CTI19014438/K1ea3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909			Date : 16-10-2019	
			Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLR 5940S	Veh. Inspected	SHA 2026M	
Policy No.	DMPCSN3012231900	Coverage (\$)	0.00	
Claim No.	SNM19D203792	Excess (\$)	0.00	
Assign From		Assign Date	15/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU403561184	Colour	BLUE	
Odometer	283628	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	7 mm	
L/H Front Tyre	195/65 R15	DAVANTI	7 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/08/2019	Inspection Date	15/08/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2026M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
1	RETAINER ,REAR BUMPER ,SIDE ,RH	CRACKED	94.80	94.80
1	SEAL ,REAR BUMPER SIDE ,RH	SERVICEABLE	148.40	-
1	TAIL LAMP ASSY (UPPER) (RH)	SERVICEABLE	557.90	-
1	TAIL LAMP ASSY (LOWER) (RH)	CRACKED	548.40	548.40
	LESS 25% DISCOUNT		-623.85	-419.10
			1,871.55	1,257.30
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
	<u>LABOUR</u>			
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		50.00	20.00
	TOWING FEE.		90.00	60.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			920.00	510.00
	GRAND TOTAL		2,927.25	1,767.30
	RECOMMENDED COST OF REPAIRS			1,767.30

Report Ref No. CC3/CTI19014438/K1ea3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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