

22/03/2003

ASS. REC. BY:

REF: CS/smo 196/6625/klg f3016 Special Instruction:

Surveyor: KalvinASSIGNMENT (Office)From (Person): Ruth Chua Get Tiang of smo Date/Time: 20.9.19 11.13 a.m

Estimated Cost: _____ Bill to: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHA 4167B Insured: SKS 41312at Workshop m/s Comfudugro Tel: 6214 8300of 59 Iyong DrivePolicy No: D19M1P0111 4541 Claim No: CMT12 1904411

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19.9.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 20.9.19 11.34 a.m Person Contacted: Sumadi H.O.D. Endorsement: _____Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 4167B - CS/A/G 1500 4306/H11093v2 DOA - 10/03/2015
	SKS 41312 - KA/TM1 1800361/v3 DOA - 06/02/2018
23/9/19	Send preli revised via merimen

(08/11/13)

Surveyor: Kalvin

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 4167B Yr Regn: 23 Dec 2016

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

Truck / Trailer or

Make: Toyota Prius C.C. 1700Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 29 0886 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70K83F4403539.05

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: 195/65R15

R: _____

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

TOYO / YOKO or Paranti

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 19/9/19 D.O.I. 20/9/19Survey held at C DHE (Layang)

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

O/S Rear

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

Date / Time	Action / Instruction
26/9/19	LLP PIP \$1839.48 / 20yrs. (Red \$999-75, 54%) Soapy P/P

RECEIVED 26 SEP 2019

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 26/9/19 Typist

PIP = \$1839-48

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 260

Transportation: _____

S+RS, SI

Photos

11

261

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Sep 2019		20 Sep 2019 11:13 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAILS			[Created by insurer]	
Insured:	TAY AIK KWANG , ID: S7146514D, Tel: +6590253683, Email: desmond_tayak@yahoo.com			
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R			
Vehicle Reg. No.:	SHA4167B	Date of Loss:	19/09/2019 15:00 - :59	
Claim Type:	TP / CMTD1904411	Policy/Cover Note No.:	D19MTPV01114541 (Comprehensive)	
Vehicle Reg. No. (Insured):	SKS4131Z	Policy No. (Claimant):		
		Excess:		
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Ruth Chua Gek Tiang - 6329 5153]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 01/10/2019]			
Driver/Custodian (Insured):	TAY AIK KWANG (47 / Male) , NRIC: S7146514D, Tel: +6590253683 Email: desmond_tayak@yahoo.com			
ASSOCIATED MAIL RECEIVED			View All	Compose Case Mail
There are no mail for this case.				
<div> <div> <div></div> <div>ALL ASSOCIATED TASKS</div> </div> <div> <div>View All</div> <div>Search Tasks</div> <div>Create New Task</div> <div>Complete</div> </div> <div> <div>Due Date</div> <div>Priority</div> <div>Type</div> <div>Task Group</div> <div>Subject</div> <div>Handler</div> <div>Assigned By</div> <div>Completed On</div> <div>Created On</div> <div>Done?</div> </div> </div>				
No results.				

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: Somp Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06, Singapore Land Tower Singapore 048623	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
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Attn: Ruth Chua Gek Tiang

Date: 23 Sep 2019

Preliminary Advice

Insured Vehicle No	: SKS4131Z	Accident Date	: 19/09/2019
TP Vehicle No	: SHA4167B	Assignment Date	: 20/09/2019
Make	: TOYOTA PRIUS	Est. Duration of Repair	: 2
Date of Inspection	: 20/9/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,839.23
Revised Amount	:S\$	1,839.48
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,839.48

Lump Sum Repair	:S\$	
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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 repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.

() The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

(X) Other comments : The above survey was conducted on a 'Without Prejudice' basis.

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	19/09/2019 15:49
Date Of Accident	19/09/2019 14:45
Exact Location Of Accident	T JUNCTION OF TAMPINES ST 83 AND TAMPINES ST 84
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4167B
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	KASBARI B MARMIJAN
NRIC No	S0045123A
Date Of Birth	24/12/1950
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96925385
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 801 TAMPINES AVENUE 4 #03-267
Postcode	520801
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)	1

Details of Police Action

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

Circumstances of Accident

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS4131Z
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

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.

GROUP ONE POLICYHOLDERS INFORMATION
 1. Name of the Policyholder
 2. Name of the Driver
 3. Name of the Insurer

Policyholder's Signature
 Date & Time:

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

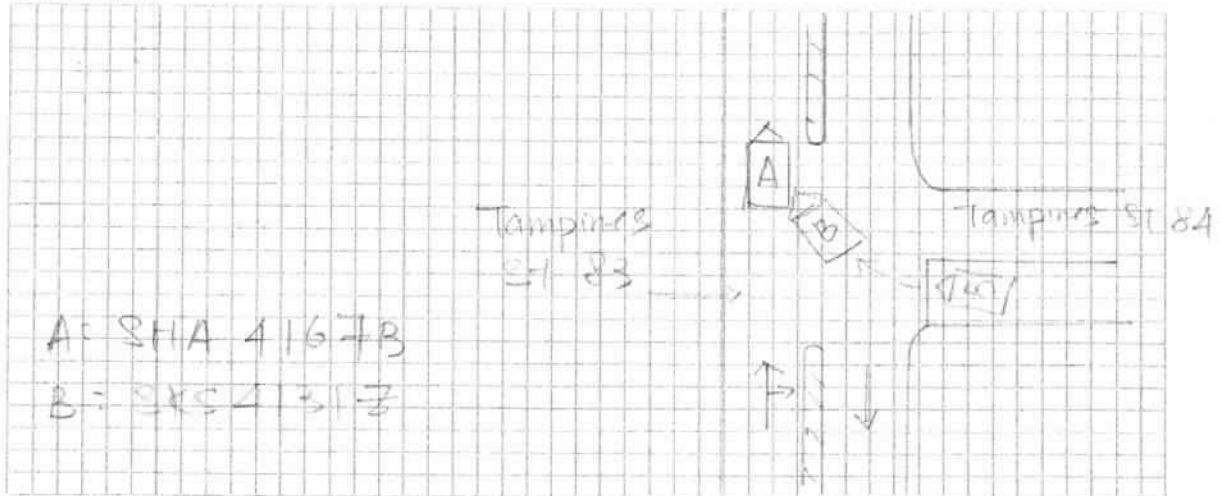
Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

GIA/AC Sketch Plan Form V2



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/9/19 at about 14:45 hrs, I was driving straight at above said location without pax. Suddenly I felt an impact. I noticed Veh B come out from minor road at front left portion hit & grazed onto the right rear portion of my taxi. I can't manage to take scene photo because my handphone just spoiled. However, I take down his vehicle plate number. No injury reported in this accident.

DECLARATION

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

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.:

CRABNET Sketchplan Form 93

LOKE VIVIAN YIENG

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305334761

IMER
COMFORT TRANSPORTATION PTE LTD
IMER NO. 7010045
SS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
UNT CARD NO.

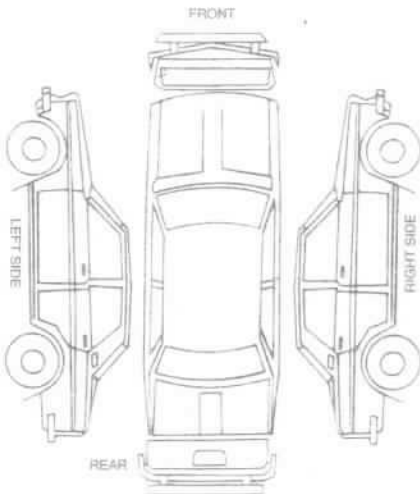
SOMP

REGN NO.: SHA4167B	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 19.09.2019 15:15
YR OF MANU. 23.12.2016	TARGET DATE
CHASSIS CODE JTDKB3FU403539055	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 19.09.2019
NATURE: 3P 19.09.2019

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA4167B LKE

Vehicle No.: SHA4167B

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO: SHA 4167B

19/9/2019 17:04

MAKE :

MODEL : TOYOTA PRIUS

* PLS refer ammended repair estimate
& ignore earlier fax

Like

Sompoo

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER / cr			\$ 458.60	
REAR BUMPER UNDER COVER / cr			\$ 552.60	
REAR BUMPER SIDE RETAINER X 500			\$ 112.70	
REAR BUMPER CLIPS / ne			\$ 22.00	
RETAINER, REAR BUMPER, SIDE, RH X 500			\$ 94.80	
SEAL, REAR BUMPER SIDE, RH / wiring			\$ 148.40	
TAIL LAMP ASSY (UPPER) (RH) X 500			\$ 557.90	
REAR WHEEL HUB CAP, RH / brazed			\$ 177.70	
Per Padu (RH) X 1000				
SUB TOTAL			\$ 2,124.70	
LESS 25%			\$ 531.18	
DISCOUNTED TOTAL			\$ 1,593.53	
REAR BUMPER REVERSE SENSOR X 500			\$ 135.70	NETT
REAR BUMPER RUBBER MAT / ne			\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating			\$ 350.00	320
Spray Painting Charge			\$ 500.00	400
Wiring Charge			\$ 50.00	20
Remove/Refix Reverse Sensor			\$ 80.00	70
Rear Wheel Alignment			\$ 80.00	X 1
TOTAL LABOUR			\$ 1,060.00	
ESTIMATE TOTAL			\$ 2,839.23	

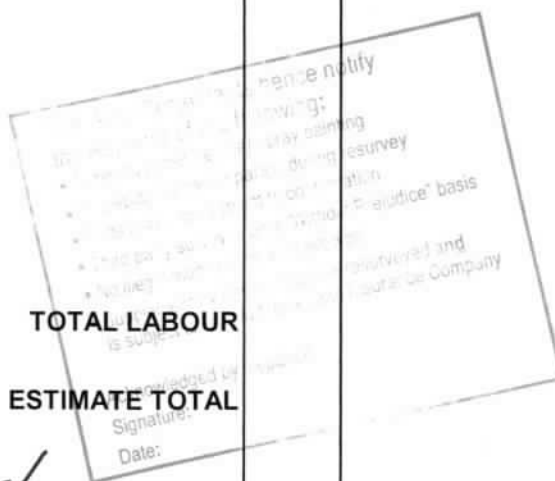
Kali, 11/11/19

20/9/19 11:55h

2 Days

PSP

Before Part Photo



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.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305334761
Date : 25.09.19

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



FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA4167B CTPL

Fax :

19.09.19

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

1. The repair job shall bill to: **SOMPO** **SKS4131Z**
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount **\$1,069.48**
 - (b) Labour Charges **\$770.00**
 - Total for Part-By-Part Repair Cost** **\$1,839.48**
 - (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 Date : 
Fax : 65468156 Date : 26/9/19

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

Date: 25.09.2019

REPAIR ESTIMATE

Time: 15:57:10

Page: 2

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

JOB NO : 305334761
REGN NO : SHA4167B
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 23.12.2016
DATE/TIME IN : 19.09.2019 15:1
ACCIDENT DATE : 19.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,839.47

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 25.09.2019
Time: 15:57:10
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 : 305334761
REGN NO : SHA4167B
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 23.12.2016
DATE/TIME IN : 19.09.2019 15:15
ACCIDENT DATE : 19.09.2019

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	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0004	03-01-0302-2057-G	PRIG4 CAP WHEEL	1 L	177.70	25.00	133.27
0005	04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1 L	148.40	25.00	111.30
0006	04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1 N	50.00	2.50-	50.00

SUB-TOTAL : 1,069.47

JOB NATURE

0000 L	PANEL BEATING	320.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 770.00

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Sep 2019		20 Sep 2019 11:13 Edit Adj Rpt	S\$1,839.47 Edit Estimates	S\$1,839.47 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	TAY AIK KWANG, ID: S7146514D, Tel: +6590253683, Email: desmond_tayak@yahoo.com		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA4167B	Date of Loss:	19/09/2019 15:00 - :59 [32 Months and 27 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / CMTD1904411	Policy/Cover Note No.:	D19MTPV01114541 (Comprehensive)
Vehicle Reg. No. (Insured):	SKS4131Z	Policy No. (Claimant):	
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Ruth Chua Gek Tiang - 6329 5153]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 01/10/2019]		
Driver/Custodian (Insured):	TAY AIK KWANG (47 / Male) , NRIC: S7146514D, Tel: +6590253683 Email: desmond_tayak@yahoo.com		

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.									

Claim Documents

*SHA4167B (CMTD1904411)
[SKS4131Z]
TP
COMFORT TRANSPORTATION PTE LTD
Sep 19 2019 3:00PM
[TAY AIK KWANG]
ComfortDelGro Engineering Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		View View in Browser v	
Assessment Reports						1 per page v <input checked="" type="checkbox"/>	
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)				Thumbnail	Print
1	20/09/19 11:13	Accident Statement <small>From: SC - Reg. No: SKS4131Z, Claimant: TAY AIK KWANG</small>				Load HTM	<input type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print
1	23/09/19 11:30	Adjuster Immediate Advice				Load HTM	<input type="checkbox"/>
Photos/Images						3 per page v <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print
1	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
2	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
3	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
4	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
5	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
6	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
7	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
8	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
9	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
10	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
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13	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
14	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
15	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
16	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
17	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
18	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
19	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
20	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
21	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
22	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
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24	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
25	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
26	23/09/19 08:40	General View				Load JPG	<input checked="" type="checkbox"/>
27	23/09/19 08:50	Reinspection Photo				Load JPG	<input checked="" type="checkbox"/>
28	23/09/19 08:50	Reinspection Photo				Load JPG	<input checked="" type="checkbox"/>
29	23/09/19 08:50	Reinspection Photo				Load JPG	<input checked="" type="checkbox"/>
Documentation						1 per page v <input checked="" type="checkbox"/>	
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)				Thumbnail	Print
1	20/09/19 10:41	SURVEY FAX DT 19.9.19 FR CDGE W ENCLS - SHA4167B				Load PDF	<input type="checkbox"/>
2	20/09/19 11:13	PRI - LKK				Load HTM	<input type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
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There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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

51 Ubi Ave 1 #01-25, 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/SMO19016625/K1YF3E2

Date: 01/10/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D19MTPV01114541
Claimant Vehicle No :	SHA4167B	Insured Vehicle No :	SKS4131Z
Date of Loss:	19/09/2019	Nature of Claim:	TP
		Claim No:	CMTD1904411

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA4167B		
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Engine No:	2ZRR971191
Reg. Date:	23/12/2016 (Man. Year: 2016)	Chassis No:	JTDKB3FU403539055
Colour:	Blue	Odometer:	290886 km
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:	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	1,779.22	1,069.47	709.75	39.89
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,060.00	770.00	290.00	27.36
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,839.22	1,839.47	999.75	35.21
+ GST 7.00/7.00% (S\$)	198.75	128.76	69.99	35.22
Nett Amount (S\$)	3,037.97	1,968.23	1,069.74	35.21

INSPECTION

Date of Assignment:	20/09/2019	
Date Inspected:	20/09/2019 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: YVONNE WONG YIN 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.

Different 1 cents -Finalise confirm amount: \$1,839.48

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 01 Oct 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 SHA4167B)	
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	Cracked	458.60 FL	*458.60 FL
2	1		*REAR BUMPER UNDER COVER	Cracked	552.60 FL	*552.60 FL
3	1		*REAR BUMPER SIDE RETAINER	Serviceable	112.70 FL	*- FL
4	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
5	1		*RETAINER,REAR BUMPER,SIDE,RH	Serviceable	94.80 FL	*- FL
6	1		*SEAL,REAR BUMPER,SIDE,RH	Missing	148.40 FL	*148.40 FL
7	1		*TAIL LAMP ASSY (UPPER)(RH)	Serviceable	557.90 FL	*- FL
8	1		*REAR WHEEL HUB CAP,RH	Grazed	177.70 FL	*177.70 FL
9	1		*REAR FENDER (RH)(NPA)	Repair	0.00 FL	*- FL
10	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
11	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
					Sub Total (S\$)	2,310.40
					- List Item Discount on L Items 25.00/25.00% (S\$)	531.18
					Total Parts (S\$)	1,779.22
						1,069.47

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

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
Labour Items				
1	PANEL BEATING	New	350.00	320.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIRING CHARGE	New	50.00	20.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
5	REAR WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (\$\$)			1,060.00	770.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >