Par: Kal Nan n (Person):	Numlhaida	ASSIGN of	19017 680/Kly MENT (Office)	Dat	e/Time:	8/10/19/2012.04
mated Cost:			Bill to:			
1779 1 WS 1 Inspect Vehi	TP RES / OD RES	SHA 22	074	Insured: _	STO	6707Z 48300
Verkshop m	s	Conford				
icy No: [1]	×000572	59 loge	Claim No:	1119	0784	2
m Insured:_			Excess:			1 - 10010
ake of Veh:				D	.O.A	5/10/2019
					H.O.D. End	otement:
ient's Record)	DED (NEXT 6 / F	IRS Person Conf	acted: June	VVe	hicle (IN)	OUT
ient's Record)	REP. / REV 24 E	Person Conf	ected: June		hick (IN)	
icut's Record) A / REV /	REP. / REV 24 E	Person Conf	/		hicle (N)	20A: 5/112016
icut's Record) A / REV /	REP. / REV 24 E	Person Conf Ishnoll S H-CS/FCI/6	/		hicle (N)	

10.00

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Ad	Submitted	Ins Auth'ed	Status	
27722	07 Oct 2019 16:38 Sendback Est	07 Oct 2019 16:50 \$\$2,370.74	08 Oct 2019 12:14 Assign					New A	ssignment Case
1	fain	Refere	nce	Claim De	tails		Documents	1	Show All
CLAIM SUI	BFOLDER DETA	ILS	DO-LLANGE DE LA COMPA	CONTRACTOR STATE		The state of the s		OHIO PHILIPPANIA	A CONTRACTOR OF THE PARTY OF TH
Insured:	LION CITY R	ENTALS PTE LTD,	Co. Reg. No.: 2	201504621K					
Main Claimant:	CTPL								
Vehicle Reg. No.:	SH7829M			Date o	Loss:	06/10/2019 [3 Months a	15:00 - :59 nd <b>4</b> Days From LT	TA Reg Date	(Man Yr)]
Claim Type:	<b>TP</b> / M1907	844		Policy/ Note N			Third Party Only) 5/06/2019 - 24/02	2/2020	
Vehicle Reg. No. (Insured):	SLM8718A			Policy (Claim					
				Excess	:	S\$1,600.00			
Repairer:	ComfortDelG	iro Engineering Pl	te Ltd (Loyang)	59 Loyang Drive	, 5089	69 Loyang - T	el: 6214 8300		
Handling Insurer:	Tokio Marine	Insurance Singa	pore Ltd (HQ)	- Tel: 6221 6111	[Hai	ndled by <b>Nur</b>	ilhaida Binte Mo	hd Seain]	
Adjuster:	LKK Auto Co	nsultants Pte Ltd	(HQ) - Tel: 6256	6-3561 [Fina	I Rpt	due 17/10/	2019]		

Subject Handler Assigned By

View All Search Tasks Create New Task Complete

Created On

Completed On

There are no mail for this case.

ALL ASSOCIATED TASKS

No results.

Due Date Priority Type Task Group

#### 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 witholding of material facts may allow insurance companies to
- 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.

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

<ol> <li>By the lodgement of this report to the insurers, your foresaid.</li> </ol>		
	ACCIDENT STATEMENT	
Date Of Report	07/10/2019 09:57	
Date Of Accident	05/10/2019 20:30	
Exact Location Of Accident	SOUTH BRIDGE RD TWDS NEIL RD	
Country/State of Loss	SINGAPORE	
ood in your and a second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA2207H	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	
Co Reg No	199303821R	
Email Address	FLEETSAFETY@CDGTAXI.COM.SG	

OFFICE-65508768

Mobile Phone No Alternative Phone No

Email Address

Vehicle Particulars TOYOTA Manufacturer PRIUS Model

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? THIRD PARTY

If No, Please state action to be taken TAXI Vehicle Category

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

D-18088936MFSH Policy Number

Cover Note Number

Driver

TEO AH SENG Name of Driver S0457905D NRIC No 03/12/1948 Date Of Birth OUTDOOR Occupation 26/08/1967 Date Of Driving Pass

52 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-90621952 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 185D RIVERVALE CRESCENT #11-147

Postcode

544185

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

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)

5

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: MALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

NAME:

3 -

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

PLS REFER TO 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

SLQ6707Z

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 18

Vehicle Category

Name of Driver

 $\pi = \pi^{-1} - \pi^{2}$ 

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

LIN YUEXING

TOKIO MARINE INSURANCE SINGAPORE LTD

RIGHT FRT

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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 aforesald.
- 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:
  - 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")
- 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:
  - 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. 1993038218

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

Date & Time:

Packeou Heari

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

Spanial sketchesplom, VI

11

11

#### Sketch Plan Pg. 2

A SIKAJOTKI		
1910 6101	# H H H AM I I I I I I I I I I I I I I I I I I	
	4/4	137 148 1
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
on 5/10/2019	at about 2036 his, I vehicle	A was
triving my ta	xi along South bridge road tow	and New 1
17 2	Vane gross Struckt Vel	wide B
While I was	in my lane going straight, vel	
on my lelt	Come into my lane, but & Co	ound avis
1 11	21 - 11 02 1 0001 84	
		1 Dhicke K
him then I	going straight brush againsk	Vehicle K
him then 5	going straight brush against	Vehicle E
him then I	gring straight brush againsk	Vehicle E
him then I	gring straight brush againsk	. Vehicle K
him then I	gring straight brush againsk	Vehicle K
him then S	gring straight brush agains x	Vehicle K
him then I	gring straight brush agains	Vehicle K
him then I	gring straight brush againsk	Vehicle E
him then I	gring straight brush againsk	Vehicle E
him then I	gring straight brush againsk	Vehicle E
him then S	gring straight brain againsk	Vehicle K
him then I	gring straight brain againsk	Vehicle E
him then S	gring straight brain againsk	Vehicle E
him then S	gring straight brush againsk	Vehicle E
him then S	gring straight brush againsk	Vehicle E
him then S	gring straight brush againsk	Vehicle K
him then S	gring straight brain againsk	Vehicle E
DECLARATION		Vehicle E
DECLARATION	culars are true in every respect.	7 Smites
DECLARATION  /We declare the foregoing part	culars are true in every respect.  6/16/19	7 Packson
DECLARATION	culars are true in every respect.  CLICAL ALARMAN  CLICAL ALAR	Personnel's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

rozman skewkéhorésma 93.

Name:

NRIC/FIN No.:

### OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Service Advisor

turned to Service Reception upon collection

#### ComfortDelGro Engineering Pte Ltd

Date/Time: 07:10:2019 11:39

JC NO.: 305339334 Sales Order: JOB CARD ARC Repair TP(CLSO)1 Team: MILEAGE REGN NO.: SHA2207H OMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: TOYOTA 7010045 E.....1/2... PRIUS HYBRID(G4)06.To.2019 08:20 OMERNO 383 SIN MING DRIVE MODEL Singapore SINGAPORE 575717 TARGET DATE 65508755 YR OF MANU 3.12.2018 (R) CHASSIS CONFLETION DATE/TIME Tokio Mavine (P) DUNT CARD NO. JOB DESCRIPTION Accident Date: 05.10.2019 NATURE: 3P 05.10.2019 PRONT DESCRIPTION LABOR CODE S/NO KED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR Exit Pass ledgement Slip Vehicle No.: SHA2207H SHA2207H Vo: Date

Name of Service Advisor

To be kept by Security Guard

Signature/Date

### COMFORTDELGRO ENGINEERING PTE LTD

		2	1/1
IAKE .		Varanti	195/65R'S
	TOYOTA PRILIS	,	

KE	STIMATE NI: SHA 2207H  : Paranti 195/65R's	A)) :	7/10/2019 10:43		Toler	o Ma
DEL	: TOYOTA PRIUS	OTV	UNIT PRICE	ΔМ	DUNT	
	PARTS DESCRIPTION	QTY	UNIT PRICE	\$	458.60	
	REAR BUMPER X/4000 REAR BUMPER CLIPS X 700 REAR WHEEL HUB CAP, LH / 60074			\$	22.00 177.70	
	Ren Forder (UM) XMPport SUBTOTAL			\$	658.30	
	LESS 25%			\$	164.58	
	DISCOUNTED TOTAL			\$	493.73	
	REAR BUMPER RUBBER MAT 😾 ***			\$	50.00	NETT
	LABOUR CHARGE Panel Beating Spray Painting Charge			\$	32- 350:00 500:00	
	Wiring Charge			\$	50,00	100000000000000000000000000000000000000
	Tuff Kote			\$	50.00	1000
	Rear Wheel Alignment			\$	80.00	7 "
	Mariman Fee TOTAL LABOU	R		\$	1,030.00	
	ESTIMATE TOTA	.]	Kitter	\$	1,573.73	
	Kalvik KKKy  Aliolia 1220ks  2 Days  PIP  After Report plate			769 6 76 0	550 /×8	\$4,72
			The state of	and and	Cuba.	

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

							EI	IGINEERING
ur Jo	b F	Ref N	No	305339	334		ComfortDe	Gro Engineering Pte Ltd
ate			:_	12.10	.19		59 Loyang Fax: 6546	Drive Singapore 508908
INAL	IZA	TIC	N FOR	м				
0	:			LKI	Κ		Fax:	
Attn		Mr		KALVI	N ANG	_		
/ehic	le F	leg	No.	SHA2207H	CTPL		-	05.10.19
				mates of the rena	irs of the above-ment	ioned vehicle ar	e as follows:-	
ne s						MARINE		SLQ6707Z
1.	Th	ne re	epair job	shall bill to:	TORIO	MARINE		
2.	Th	ne fi	nalized	amount shall be:				\$133.28
	(a	)	Spare	Parts after List d	iscount		10	\$731.00
	(b	)	Labou	r Charges			83	\$864.20
			Total	for Part-By-Part	Repair Cost			\$604.20
	(0	:.)	Total f	sum Repair (if ap for Lumpsum rep Lumpsum Repa	air cost after Less:	20%		
				ormal period for r			king days. here is no reply	y from you within 7
3.	V	Ve s	shall tre	at the above an	nount as Correct and	Confirmed if the	here is no reply	
	7	Ve s vork	shall tre king day	at the above an	nount as Correct and	Confirmed if the We final	here is no reply	imates and
4.	7	Ve s vork	shall tre king da nk you f	at the above an	nount as Correct and	Confirmed if the We final	confirm the est	imates and
4.	V v	Ve s vork Than	shall tre king da nk you f	at the above and ys or your assistance	nount as Correct and	Confirmed if the We final Sig	confirm the est	imates and
4.	V V	We s work	shall treking day	at the above and ys or your assistance	nount as Correct and	We fina	confirm the est	imates and
4.	V v	Ve s vork Than Sign Nam Tel	shall treking da nk you fo	LIM KWOK EN 62148316	nount as Correct and	We fina	confirm the est	imates and
4.	V v	Ve s vork Than Sign Nam Tel	shall treking day	LIM KWOK EN 62148316	nount as Correct and	We fina	confirm the est	imates and
4. 5.	V V	We s work Than Sign Nam Tel Fax	shall treking day	LIM KWOK EN 62148316 65468156  Only	nount as Correct and	Confirmed if the We final Sig Nation Date Document Attached	confirm the est	Kaluh 14/10/19
4. 5. For	V v	We swork Than Sign Nam Tel Fax ficia	shall treking day	LIM KWOK EN 62148316 65468156  Only	nount as Correct and	Confirmed if the We final Sig Na Da Document Attached Yes or No	confirm the est	Kaluh 14/10/19
4. 5.	V v	Ve sivori	shall treking day	LIM KWOK EN 62148316 65468156  Only	nount as Correct and	Confirmed if the We final Sig Nation Date Document Attached Yes or No YES	confirm the est	Kaluh 14/10/19
1. 2. 3.	V v v T T Of	Ve sivori	shall treking day	LIM KWOK EN 62148316 65468156  Only	nount as Correct and	Confirmed if the We final Sig Nation Date Document Attached Yes or No YES	confirm the est	Kaluh 14/10/19
4. 5.	V V V V V V V V V V V V V V V V V V V	Ve syork Than Sign Nam Tel Fax ficia ficia rvey A Sign A Sign	shall treking day	LIM KWOK EN 62148316 65468156  Only	e.  Amount	Confirmed if the We final Sig Nation Date Document Attached Yes or No YES	confirm the est	Kaluh 14/10/19

#### COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.10.2019 Time: 18:07:21

REPAIR ESTIMATE

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 : 305339334

REGN NO : SHA2207H

MILEAGE : 0000000000

MAKE : TOYOTA

MODEL : PRIUS HYBRID(G4)

DATE OF REGN : 13.12.2018 DATE/TIME IN : 06.10.2019 08:20

ACCIDENT DATE : 05.10.2019

IOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0302-2057-G PRIG4 CAP WHEEL

1 L 177.70 25.00 133.27

SUB-TOTAL: 133.27

JOB NATURE

0000 L

PANEL BEATING

320.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

400.00

0002 L

MERIMEN CHARGE

11.00

SUB-TOTAL : 731.00

TOTAL : 864.27

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

MVA NAME & SIGNATURE

DATE:

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

AIM SUE	FOLDE	R TRACE	CING		A GI Day		Adj Sub	mitted	Ins Auth'ed	Status		
Case Main	Notifie 07 Oc		07 Oct 2019 14:21 S\$1,584,72	Adj Assigned 08 Oct 2019 12:04 Edit Adj Rpt	S\$864.27 Edit Estin		<b>S\$864.</b> View R	27		Report  Cancel Case	rvey	
	Main		7	ference		Claim D	etails		Documents	S	how All	
CI ATM S	UBFOL	DER DET	AILS									
insured:	LI	ON CITY	RENTALS PTE	LTD, Co. Reg. N	5.: 201504	621K						
Main Claimant:	c	TPL					of Loss:	05/10/201	9 00:00 - :59	. ITA Dog Date (M	an Yr)]	
Vehicle R	cle Reg. SHA2207H				70000		[9 Months	and 22 Days From	LIA Reg Date (11	311 11/1		
No.: Claim Typ	pe: T	P / M19	07842				y/Cover No.:	MK000572 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020				
Vehicle R	eg. s	LQ6707Z					y No. imant):					
(Insured	):					Exce	ess:	5\$1,600.0				
Repairer		omfortD	elGro Engineeri	ng Pte Ltd (Loy	ang) 59 Lo	yang Dr	rive, 5089	69 Loyang	- lei: 6214 6300	tobd Spain		
Handling Insurer:				cineanore Itd (	(O) - Tel: (	5221 61	11 [Ha	ndled by N	urulhaida Binte N NG WEI KUN ]	[Final Rpt due		
Adjuster	: 1	KK Auto 17/10/20	Consultants Pt (19]	e Ltd (HQ) - Tel:	6256-350	1 [110	illoico o y					
Adj Asg. Remarks	s:	OI HAS NO	T RPT THE ACCE	т						/iew All   Compo	se Case Mail	
ASSOC	IATED	MAIL RE	CEIVED							nen Ant		
There a	re no m	ail for this	case.									
			_					View Al	I Search Tasks	Create New Task	Complet	
Due	Date	Priority	The second second	k Group Sub	ject H	andler	Assig	ned By	Completed On	Created O	n Done	
No resu	lits.											

### **Claim Documents**

SHA2207H (M1907842) [SLQ6707Z] TP CTPL Oct 5 2019 12:00AM [LION CITY RENTALS PTE LTD]
ComfortDelGro Engineering Pte Ltd

		ad Photos   Compose New Letter	1 per p	page ▼	~
Asse	ssment Reports			Thumbnail	Print
Vo	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	0	Load HTM	
1	07/10/19 14:21	Repairer Estimates  Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
Vo	Finalized On	tooldant Statement	0	Load HTM	
1	10/10/19 13:33	From:SC - Reg. No: SLQ6707Z, Claimant: LION CITY RENTALS PTE LTD			
			3 per	page 🔻	•
Phot	tos/Images	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
No	Relabel/Reorder	General View	0	Load JPG	•
1	10/10/19 07:58		0	Load JPG	•
2	10/10/19 07:58	General View	0	Load JPG	€
3	10/10/19 07:58	General View	0	Load JPG	•
4	10/10/19 07:58	General View	0	Load JPG	•
5	10/10/19 07:58	General View	0	Load JPG	•
6	10/10/19 07:58	General View			•
7	10/10/19 07:58	General View	0	Load JPG	-
8	10/10/19 07:58	General View	0	Load JPG	•
9	10/10/19 07:58	General View	0	Load JPG	•
10	10/10/19 07:58	General View	0	Load JPG	✓
33.5	10/10/19 07:58	General View	0	Load JPG	8
11		General View	0	Load JPG	•
12	10/10/19 07:58	General View	0	Load JPG	•
13	10/10/19 07:58	900 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	Load JPG	•
14	10/10/19 07:58	General View	0	Load JPG	•
15	10/10/19 07:58	General View	0	Load JPG	•
16	10/10/19 07:58	General View	0		•
17	10/10/19 07:58	General View	0	_	
18	10/10/19 07:58	General View	0		<b>2</b>
19	10/10/19 07:58	General View	0	_	6.00
20	10/10/19 07:58	General View			1000
21	10/10/19 07:58	General View	0		
22	10/10/19 07:58	General View	0		100
23		Reinspection Photo	0	70.000	
100		Reinspection Photo	0	Load JPG	
24		Reinspection Photo	0	Load JPG	
25			€	Load JPG	
26		Reinspection Photo	•	Load JPG	
27		Reinspection Photo	•	Load JPC	
28	10/10/19 08:58	Reinspection Photo	6		
29	10/10/19 08:58	Reinspection Photo			
-			1 p	er page	•
-	ocumentation	ComfortDelGro Engineering Pte Ltd (Braddell)		Thumbn	
No	15/10/19 16:31	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee	•		
1 No	m 1 1 0 -	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbn	
1	07/10/19 14:22	E-filed GIA report	•		ail Prin

1/20	19		1 per	page ▼	€
Ass	essment Reports			Thumbnail	Print
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	0	Load TIF	
1	22/10/19 13:00	Letter of Demand from Third Party			

## **Documents Checklist**

	Reset Save Print
DOCUMENTS CHECKLIST	
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
Show Remarks To: Repairer 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/TMI19017680/K1YD3S2

Date:

31/10/2019

REFERENCE

Tokio Marine Insurance Singapore Ltd Handling Insurer:

MK000572

Claimant Vehicle

SHA2207H

No:

Insured Vehicle No:

SLQ6707Z

Date of Loss:

05/10/2019

Nature of Claim:

Policy No:

TP

M1907842 Claim No:

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHA2207H

Make & Model:

TOYOTA PRIUS HYBRID, 1.8 (A) 13/12/2018 (Man. Year: 2018)

Engine No: Chassis No: 2ZR2B83406

Reg. Date:

Blue

Odometer:

JTDKB3FUX03077665 95155 km

Colour: 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:

Pre-accident Condition:

Good

CONDITION OF TYRES

Front Tyre Size:

195/65R15

Rear Tyre Size:

195/65R15

Front Left Side:

Davanti 7 mm Davanti 7 mm Rear Left Side: Rear Right Side: Davanti 7 mm

Front Right Side:

Davanti 7 mm

The above values represent the remaining tyre treads depth

133.27 11.00 720.00	410.45 0.00 310.00	75.49 0.00 30.10
11.00 720.00		
720.00	310.00	30.10
0.00	0.00	
0.00	0.00	
204.07	720.45	45.46
864.27		
60.50	50.43	45.46
924.77	770.88	45.46
	10.010.0	60.50 50.43

INSPECTION

Date of Assignment:

08/10/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang) ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected:

07/10/2019 Inspected At:

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

KALVIN ANG WEI KUN Adjuster:

YVONNE WONG YIN CHENG Manager:

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 BY 1 CENT. FINALIZE CONFIRMED AMOUNT \$864.28

### REPAIR DETAILS

Reference

Version: 1.0 (Last Synchronised: 31 Oct 2019) Part Source: MRM-SG

TOYOTA PRIUS HYBRID 1.8 (A) (Catalogue:Merimen Singapore 1.0) 144 Parts:

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

Print Code: (Unsubmitted, no print-code for SHA2207H) These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with Validity:

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

750,00000	COMMENDE Qty Part No.	Particulars	Condition	Repairer's	Amount
1	1	*REAR BUMPER *REAR BUMPER CLIPS	Repair Not Necessary	458.60 FL 22.00 FL	*-FL *-FL *177.70FL
3	10	*REAR WHEEL HUB CAP LH *REAR BUMPER RUBBER MAT	Grazed Not Necessary	177.70 FL 50.00 F	*-F
5	1	*REAR FENDER (LH) (NPA)	Repair	•	*-FL
F=Franchise part. L=ListItemDisc.  Sub Total (S\$)  - List Item Discount on L Items 25.00/25.00% (S\$)			<b>708.30</b> 164.58	<b>177.70</b> 44.43	
			Total Parts (S\$)	543.72	133.27

Report was unsubmitted during this print-out.

	commended Miscellaneous Items  Outy Particulars		Repairer's	Amount
Misc	cellaneous Items		11.00	11.00
1	1 OD/TP Case (Insurer)	Sub Total (S\$)	11.00	11.00
Recommended Labour		Lab.Type	Repairer's	Amount
<u>Lab</u> 1	Labour Items 1 PANEL BEATING - REAR FENDER LH 2 SPRAY PAINTING CHARGE	New New	350.00 500.00 50.00	320.00 400.00 0.00
3	WIRING CHARGE TUFF KOTE	New New	50.00 50.00	0.00
5	REAR WHEEL ALIGNMENT	New Gross Labour Cost (S\$)	1,030.00	720.00

< END OF ESTIMATES >

Report was unsubmitted during this print-out.