

Rogerhw@edge.com.sg

CS/QW
NS/1M/1902155 9 /FSF3 S2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SJU5226D**

Policy No: **5100741558 (15/06/2018 - 21/02/2019)**

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident 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: **SHA1123Y**

Yr Regn: **19/07/2017**

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

Truck / Trailer or

Make: **Toyota**

C.C. **1798**

Colour: **blue**

A/C: Insured / Std / NI / NA

Sp. Reading: **1449.1**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **3TDKB3FU603561459**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **195/65 R15 DANANTI**

R: **MOZZO**

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

TOYO / YOKO or

Front

Rear

R/Bal. **6** mm

R/Bal. **6** mm

L/Bal. **6** mm

L/Bal. **6** mm

D.O.A. **5/12/19 07:45**

D.O.I. **5/12/19**

Survey held at **Comfidelgro (Loyang)**

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

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

Date / Time Action / Instruction

SJU 5226D : CS/CT19021537/EqF3 OA 03/12/2019

SHA 1123Y CS/AWA15016026/H2gbn2 DCA 15/12/2019

P/P: \$1395.81 / =

(3 repair days)

confirm with LIMITS on 16/12/19

(\$ 1,879.87 ReL + 57%)

16/12/2019

RECEIVED 18 DEC 2019

Date/Time, File Pass to?

18/12/19

1) **Typist**

Date/Time, File Return to?

☐ : Preli. Report

☒ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Mech. Insp (\$)

Survey Fee:

Transportation:

3 + RS \$

Habitus

Other:

Report Forth

Temp. Contact

Independent

\$ 1,395.81 P/P

TP Claims against NTUC Income: Follow-Through Survey

Date: 17/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	Not our Insured	COMFORT TRANSPORTATION PTE LTD	SHA 1123V	SIU 5226D	05/12/2019	07:45	\$ 3,275.68	\$ 1,395.81
2	MT/1075061-002	COMFORT TRANSPORTATION PTE LTD	SH 6545M	SLR 7328Y	10/12/2019	11:10	\$ 6,018.08	\$ 900.00
3	MT/1075118-002	COMFORT TRANSPORTATION PTE LTD	SHC 3383P	SFH 1618Z	08/12/2019	22:10	\$ 3,599.28	\$ 2,500.00
4	MT/1074824-002	COMFORT TRANSPORTATION PTE LTD	SHD 7183T	SKG 5243R	05/12/2019	19:20	\$ 4,846.88	\$ 2,500.00

Claim received from LKK

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/12/2019 08:59"/>
Vehicle No. (For Motor)	<input type="text" value="SJU5226D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100741558		LIM JUN LIANG	S9102435G	GPC	drive CLASSIC	SJU5226D	SJU5226D	15/06/2018	22/07/2019

Continue

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508968
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 608086
329 Ubi Road 3 Singapore 408099

24 Serangoon Loop Singapore 756156
7 Sungei Kadut Way Singapore 726791
501 Yewlin Industrial Park A Singapore 766732

Date/Time: 05.12.2019 15:06 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305359567

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

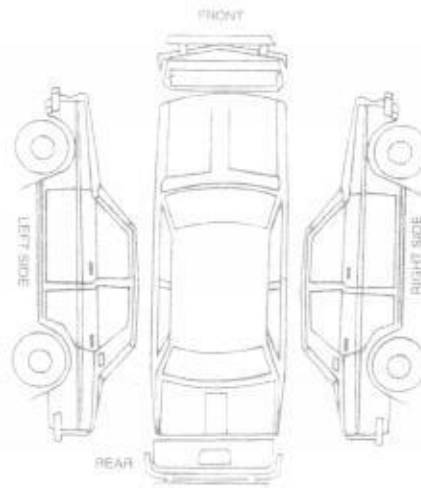
REGN NO.: SHA1123Y	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 05.12.2019 11:55
YR OF MANU 19.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU603561459	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 05.12.2019
NATURE: 3P 05.12.19

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHA1123Y

LIMTS

Vehicle No.:

SHA1123Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

Shirley Hiew (LKK Auto)

From: Roger How Keen Meng <rogerhow@cdge.com.sg>
Sent: Tuesday, 17 December 2019 4:33 pm
To: Shirley Hiew (LKK Auto)
Cc: Jumani Bin Masudin; Ng Nyuk Phin; Lim Tien Siong
Subject: Re: SHA 1123Y DOA- 05/12/2019

Dear Shirley,

Thanks for the update.

We would like to purchase the surveyor report from you. Should we not able to get hold of SJU5226D correct insurer.

Aside.

Jumani,

Tien Siong on leave- please look into this matter- Do delegate if so necessary.

Regards

Roger How
Taxi Crash Repair | ComfortDelGro Engineering Pte Ltd
Off: 62148406 / Fax:65468161



Think Before Printing

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 17 December 2019 4:11 PM
To: Roger How Keen Meng <rogerhow@cdge.com.sg>
Subject: SHA 1123Y DOA- 05/12/2019

Hi Roger,

As spoken, the insured your claim is not under NTUC insurance.

Kindly re-check and update us.

"Best Wishes for Merry Christmas & Happy New Year 2020"

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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	05/12/2019 14:25
Date Of Accident	05/12/2019 07:45
Exact Location Of Accident	BOON LAY WAY X CORPORATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1123Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	ANG CHENG HO
NRIC No	S0227349G
Date Of Birth	09/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96319189
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 541 JURONG WEST AVE 1 #04-1058
Postcode	640541
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG WEST N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20191205/2023

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU5226D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMMED SHAHIFUL BIN SALIM

Approximate Age

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

SHA1123Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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. 199303621K

Policyholder's Signature
Date & Time:

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

S R Moorthy
CSO

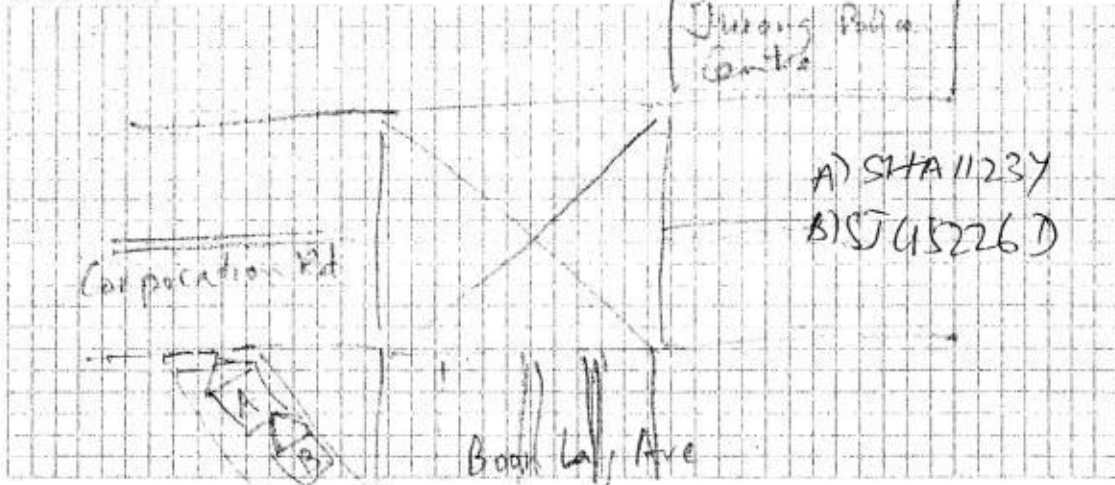
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/ASC SketchPlanForm, 93

4-1-14
3-1-14

3-1-14
3-1-14

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20191205/2023

DECLARATION

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

COMFORT TRANSPORTATION LTD
CO. REG. NO. 1993038211

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.:

COMFORT TRANSPORTATION LTD



**SINGAPORE
POLICE FORCE**



T/20191205/2023

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20191205/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2019 10:19	Vide Report No.: J/20191205/0038	Station Diary No.: 37
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Informant's Particulars

Name of Informant: ANG CHENG HO			Address: APT BLK 541 JURONG WEST AVENUE 1 #04-1058 SINGAPORE 640541		
ID Type / ID No.: NRIC NO / S0227349G			Contact No.: Home/Office: Mobile: 96319189		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 09/01/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2019 07:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BOON LAY AVENUE CORPORATION ROAD T-JUNCTION OF BOON LAY AVENUE AND CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1123Y	Car	TOYOTA	PRIUS HYBRID 1.8 CVT		Slightly Damaged	3
SJU5226D	Car	MITSUBISHI	LANCER 1.5 MIVEC SPORTS AT ABS D/AB		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191205/2023

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20191205/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG CHENG HO	ID No.	S0227349G
Related Vehicle	SHA1123Y (Car)	Contact No.	96319189
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MOHAMMED SHAHIFUL BIN SALIM	ID No.	S8008536B
Related Vehicle	SHA1123Y (Car)	Contact No.	90056915
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 05/12/2019 at about 0745hrs, I was driving my vehicle, SHA1123Y, along Boon Lay Avenue towards Corporation Road on the extreme left lane with 3 passenger(1 adult, 2 children). I then enter the slip road to turn left to Corporation Road. After the front vehicle moved off, I stopped my vehicle before the give way line as there are oncoming traffic from the main road. Suddenly, I felt impacted from the rear of my vehicle. I noticed a vehicle, SJU5226D, had collided onto the rear of my vehicle.

My vehicle sustain damages on the rear while the other vehicle sustain damages on the front of he vehicle. My passenger (one male malay) sustain neck pain. Traffic Police and Ambulance arrived. My passenger was conveyed by the ambulance (conscious). I then handed over my in-car camera SD card and was issued with an acknowledgement slip. I only exchanged contact number with the other driver.

Traffic Police then issue me a case card, In-Charge: TP IO Rizwan tel: 65476185, and advise me to lodge Traffic Accident Report (NP168).



**SINGAPORE
POLICE FORCE**



T/20191205/2023

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20191205/2023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/12/2019 10:19

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

SN 126

Authentication Stamp

NP168

Signature:

Singapore Police Force

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.12.2019

Time: 15:21:07

Page: 1

IS

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

JOB NO : 305359567
 REGN NO : SHA1123Y
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 19.07.2017
 DATE/TIME IN : 05.12.2019 11:55
 ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95	X (R)
0002	04-01-0302-2287-G	REAR BUMPER CENTER-BLACK	1	552.60	25.00	414.45	CYT
0003	04-01-0302-0795-G	TAILLAMP LOWER RH	1	548.40	25.00	411.30	xm
0004	04-01-0302-2286-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02	cva
0005	04-01-0302-2267-G	REAR BUMPER CLIPS	1	2.20	25.00	1.65	xm
0006	04-01-0302-2346-G	TAILGATE OUTER GARNISH	1	889.70	25.00	667.27	X(R)
0007	04-01-0302-2270-G	TAILGATE (HYBRID S)	1	52.90	25.00	39.67	rec
0008	04-01-0302-2271-G	TAILGATE (PRIUS)	1	52.90	25.00	39.67	rec
0009	28-01-0302-2015-A	TAILGATE (COMFORTDELGRO)	1	30.00	2.50	30.00	rec
0010	28-01-0302-0006-A	TAILGATE (65521111)	1	30.00	0.25	30.00	rec
0011	28-01-0302-2013-A	TAILGATE (APPS)	1	40.00	0.03	40.00	rec
0012	09-01-0302-2005-A	REVERSE SENSOR	1	135.70	0.00	135.70	xm

JOB NATURE

SUB TOTAL : 2,215.68

LKK Auto Consultants henceforth

the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.12.2019

REPAIR ESTIMATE

China Taiping

Time: 15:21:07

Page: 2

TS

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

JOB NO : 305359567
 REGN NO : SHA1123Y
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 19.07.2017
 DATE/TIME IN : 05.12.2019 11:55
 ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 PB	PANEL BEATING	400.00	\$320
0001 SP	SPRAYPAINT CHARGE	500.00	\$400
0002 17-01	CHECK ALL LIGHTING	40.00	\$20
0003 L	R/I REVERSE SENSOR	120.00	Xmm
		SUB-TOTAL : 1,060.00	

TOTAL : 3,275.6870

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

10/12/19
 Ram (LKK)
 1545hrs 5/12/19
 P/P apt repair photo
 Ram@lkkauto.com
 88622773 hp
 3 repair days

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305359567

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHA1123Y

Date of Accident : 05-Dec-19

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

1. The repair job shall bill to: ^{NTUC} CHINA TAIPING --- SJU5226D

2. The finalized amount shall be:

(a) Spare Parts after List discount \$655.81

(b) Labour Charges \$740.00

Total for Part-By-Part Repair Cost \$1,395.81

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : RAM

Date : 16/12/19

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:

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

JOB NO : 305359567
 REGN NO : SHA1123Y
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 19.07.2017
 DATE/TIME IN : 05.12.2019 11:55
 ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G	REAR BUMPER CENTER-BLACK	1	552.60	25.00	414.45	cut ✓
0002 04-01-0302-2286-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02	ura ✓
0003 04-01-0302-2270-G	TAILGATE (HYBRID S)	1	52.90	25.00	39.67	nec ✓
0004 04-01-0302-2271-G	TAILGATE (PRIUS)	1	52.90	25.00	39.67	nec ✓
0005 28-01-0302-2015-A	TAILGATE (COMFORTDELGRO)	1	30.00		30.00	nec ✓
0006 28-01-0302-0006-A	TAILGATE (65521111)	1	30.00		30.00	nec ✓
0007 28-01-0302-2013-A	TAILGATE (APPS)	1	40.00		40.00	nec ✓

\$741.1
 \$555.82

SUB-TOTAL : 655.81

JOB NATURE

0000 PB	PANEL BEATING	320.00	✓
0001 SP	SPRAYPAINT CHARGE	400.00	✓
0002 17-01	CHECK ALL LIGHTING	20.00	✓

SUB-TOTAL : 740.00


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

JOB NO : 305359567
REGN NO : SHA1123Y
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 19.07.2017
DATE/TIME IN : 05.12.2019 11:55
ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,395.81


MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :




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				
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CS/QW19021559/Fsf3s2		
59 LOYANG DRIVESINGAPORE 508969		Date : 19-12-2019		
		Code : QW007		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHA 1123Y	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		05/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU603561459	Colour	BLUE	
Odometer	144941	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	6 mm	
L/H Front Tyre	195/65 R15	DAVANTI	6 mm	
R/H Rear Tyre	195/65 R15	MOZZO	6 mm	
L/H Rear Tyre	195/65 R15	MOZZO	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/12/2019	Inspection Date	05/12/2019	
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:		3 Working Days		



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

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1123Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER CENTER - BLACK	CUT	552.60	552.60
1	TAILLAMP LOWER RH	NOT NECESSARY	548.40	-
1	REAR BUMPER TOW COVER	CRACKED	82.70	82.70
1	REAR BUMPER CLIPS	NOT NECESSARY	2.20	-
1	TAILGATE OUTER GRANISH	TO REPAIR SEE LABOUR	889.70	-
1	TAILGATE (HYBRID S)	NECESSARY	52.90	52.90
1	TAILGATE (PRIUS)	NECESSARY	52.90	52.90
	LESS 25% DISCOUNT		-660.00	-185.29
			1,980.00	555.81
	SPECIAL NETT ITEMS			
1	TAILGATE (COMFORTDELGRO) (SN)	NECESSARY	30.00	30.00
1	TAILGATE (65521111) (SN)	NECESSARY	30.00	30.00
1	TAILGATE (APPS) (SN)	NECESSARY	40.00	40.00
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			235.70	100.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND TAILGATE OUTER GRANISH.		400.00	320.00
	SPRAY PAINT CHARGE.		500.00	400.00
	CHECK ALL LIGHTING.		40.00	20.00
	R/I REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,060.00	740.00
	GRAND TOTAL		3,275.70	1,395.81
	RECOMMENDED COST OF REPAIRS			1,395.81

Report Ref No. CS/QW19021559/Fsf3s2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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