From (Person); tiona Gan Bu Sony of	TM1	Date/Time: 20. 1. 2020 11-504 m
Estimated Cost:	Bill to:	
OD/TP/WS/TP RES/OD RES/EVA/INV/MT	V i CS	Insured: GBD 47024 Tel: 621×6300
at Workshop m/s Comfortedugro of 59 loyung bore		Tel: 621× 8300
Policy No: NW 00 9269	Claim No:	M 2001340
Sum Insured:	Excess:	
Make of Veh:		D.O.A. 18.2. 2000
CA / REV / REP. / REV 24 HRS Date/Time: 20.2. to 20 13.04pm Person Contact	ted:turni	H.O.D. Endorsement:
		Up -23/10 POU9
nor rensed to F	10014 Gan 11	ra Meimer.

REF:

Note: This document has not been finalised.

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:

Tokio Marine Insurance Singapore Ltd

20 McCallum Street

#09-01 Tokio Marine Centre

Singapore 069046

From: LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25

Paya Ubi Industrial Park

Singapore 408933

Attn:

Fiona Gan Bee Song

Date:

21 Feb 2020

Preliminary Advice

Insured Vehicle No : GBD4702L

TP Vehicle No

: SHC1126D

Accident Date

: 18/02/2020

Make

: TOYOTA PRIUS HYBRID

Assignment Date

: 20/02/2020

Date of Inspection

: 20/02/2020

Est. Duration of Repair

: 2.00

Inspection At

: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

:S\$

59 LOYANG DRIVE SINGAPORE 508969

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	5,252.40
Revised Amount	:S\$	4,587.90
Check Items (Estimated)	:S\$	0.00
Total	:S\$	4,587.90

Lump Sum Repair

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 let us have your authorisation.	. Kindiy
()	The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.	
()	Other comments:	v.

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

	Notified	Fet Submitted	Arti Accionad	Adt Rot	Adt Submitted	Ins Authled	Status
	DOSTIPED	Cit odounted	Edit Residings	SUPPLIESTAN.	Mail Sublimed	THE MARKET SH	234003
Main	19 Feb 2020 Sendback Est	19 Feb 2020 17:05 \$\$5,252.40	20 Feb 2020 11:30 Assign				New Assignment Cancel Case

Ma	atin	Reference		Claim Detai	ls	Document	s	1 3	Show All
CLAIM SUB	FOLDER DETAILS			Color Survival Superior					State Searched
Insured:	SANKRANTI HOT	TELS PTE LTD, Co	. Reg. No.: 20	1113958R					
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHC1126D			Date of Lo		20 17:00 - :59 as and 13 Days F	rom LTA	Reg Date (Man Yr)]
Claim Type:	TP / M2001340)		Policy/Cov Note No.:		9 (Comprehensive 01/11/2019 - 31)	
Vehicle Reg. No. (Insured):	GBD4702L			Policy No. (Claimant					
				Excess:	S\$0.00				
Repairer:	ComfortDelGro E	ngineering Pte Lt	d (Loyang) 5	9 Loyang Drive, 5	08969 Loyang -	Tel: 6214 8300			
Handling Insurer:	Tokio Marine Ins	surance Singapore	e Ltd (HQ) - T	el: 6221 6111	[Handled by Fi	ona Gan Bee So	ng - 659	26378]	
Adjuster:	LKK Auto Consul	tants Pte Ltd (HQ) - Tel: 6256-3	3561 [Final R	pt due 02/0	3/2020]			
ASSOCIATE	D MAIL RECEIVED	0					/iew All	Compose	Case Ma
There are no	mail for this case.								
ALL ASSOC	IATED TASKS				View All	Search Tasks	Create N	lew Task	Complet
Due Date No results.	Priority Type	Task Group	Subject	Handler Ass	signed By	Completed On	Cre	eated On	Done

SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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

atoresaid.		
	ACCIDENT STATEMENT	
Date Of Report	19/02/2020 13:10	
Date Of Accident	18/02/2020 17:20	
Exact Location Of Accident	PIE SLIP ROAD TO WHITLEY ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC1126D	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	
Co Reg No	1XXXXX821R	

FLEETSAFETY@TAXICDGE.COM.SG Email Address

Mobile Phone No OFFICE-65508768 Alternative Phone No

Vehicle Particulars TOYOTA Manufacturer

PRIUS HYBRID 4G Model

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

Are you claiming under your own insurance policy NO 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 TEH KOK MENG Name of Driver

SXXXX295F NRIC No 01/12/1968 Date Of Birth OUTDOOR Occupation 23/04/1993 Date Of Driving Pass

26 YEARS AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97607316 Mobile Number

Fax Number Contact Number

WETWET43@HOTMAIL.COM EMail Address

BLK 219 TAMPINES STREET 24 Address

#09-30 520219

2

NO

NO

3

NO

NO

Postcode

Was driver an employee of the Insured's Company NO

OTHER - TAXI DRIVER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : FEMALE

Passenger 2 NAME: : -

> : FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBD4702L Vehicle Registration Number TOYOTA Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

UNKNOWN Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 19

Postcode

Insurance Company Name

Nature Of Damage

RH REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
 - 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 invoive 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:
 - 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.

COMPORT TRANSPORTATION PTE LT CO. REG. NO. 198003823R

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

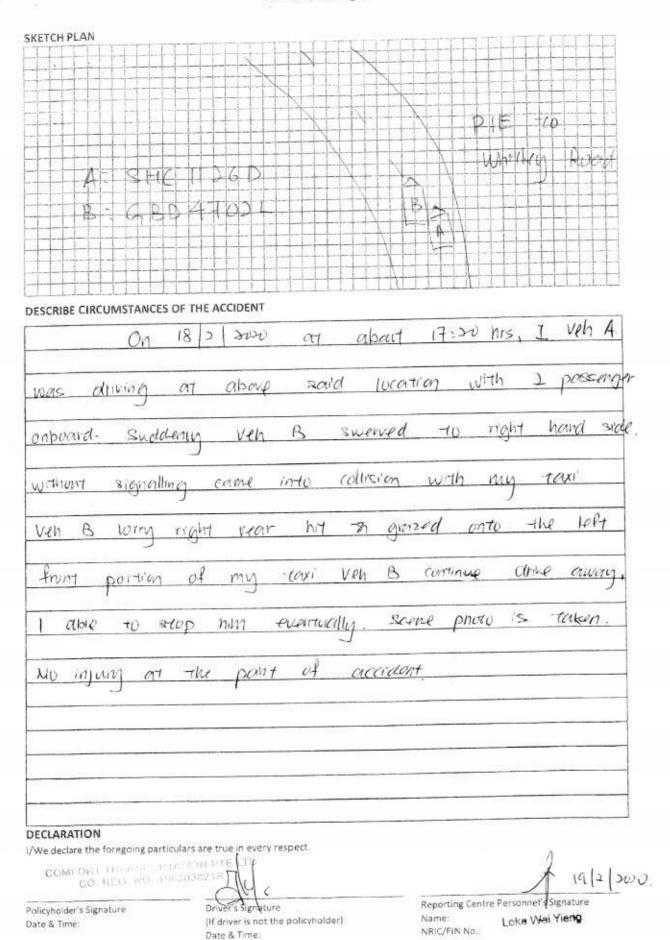
Reporting Centre Personnel's Signature

Name:

Loke Wei Yieng

NRIC/FIN No:

Sketch Plan Pg. 2



YSMARANT SKetchRianForm_73

Page 5 of 19

COMFORTDELGRO ENGINEERING

A member of COMFORIDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 19:02.2020 14:15 Warm Page 1:04

Team:

ARC Repair TP(CLSO)

Sales Order: JOB CARD

JOB DESCRIPTION

305382425 JC NO.:

CUSTOMER

MR/MS

COMFORT TRANSPORTATION PTE LTD

7010045

CUSTOMER 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65508755

TEL. (R)

(P)

(O)

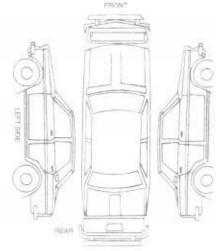
REGN NO. MILEAGE MAKE TOYOTA FUEL MODEL PRIUS HYBRID (G4) 18 02 2020 NATE/IMPEN VR OF MANU 7.2017 TARGET DATE CHASSIS CODE COMPLETION DATE/TIP

DISCOUNT CARD NO.

ent Date: 18.02.2020 JRE: 3P 18.02.2019

LABOR CODE

DESCRIPTION



SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:

Vehicle No.:

/C No.: SHC1126D CHIANG

Vehicle No.:

Exit Pass

SHC1126D

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive Singapore 508969 Tel: 6214 8300

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

CTPL

Singapore

PARTICUL	ADC OF	CI AIM
PARTICUL	AKS UF	CLAIN

Claim Type:

THIRD PARTY

Ref. No:

18/02/2020

Policy No:

SHC1126D

Date of Loss: Driveable?

Vehicle Reg. No.: Party At Fault:

UNKNOWN

YES

Make/Model:

TOYOTA PRIUS HYBRID, 1.8

Vehicle Reg. Date: 05/07/2017

CVT (A)

Gen Condition:

GOOD

Vehicle Colour: Engine No:

BLUE 2ZRS056234

Chassis No:

JTDKB3FU003561361

Odometer:

0 KM

Paint Type:

List Item Discount:

25.00 %

Total Loss?

NO

3

Est. Duration of Repair

(day)

Present Location:

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
Parts		4,031.40
Miscellaneous Items		11.00
Labour		1,210.00
Paintwork Labour		0.00
Towing		0.00
(E)	Gross Total (S\$)	5,252.40
	+ GST 7.00% (S\$)	367.67
	Nett Amount (S\$)	5,620.07

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 19 Feb 2020)

Parts:

144

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

Labour:

Repairer's

(Price-denominated Standard List)

Print Code:

ComfortDelGro Engineering Pte Ltd/SHC1126D/19/02/2020 17:05

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty Part No	. Particulars	%Disc	%Depr	Amount
1	1	*FRONT BUMPER COVER × (<	25.00	0.00	*490.50 FL
2	1	*FRONT LH FENDER	25.00	0.00	*933.10 FL
3	1	*FRONT LH FENDER LINING ~ ~ ~ ~	25.00	0.00	*198.50 FL
4	1	*FRONT LH FENDER HYBIRD EMBLEM	25.00	0.00	*86.50 FL
5	1	*FRONT LH WHEEL COVER	25.00	0.00	*175.80 FL
6	1	*FRONT LH HEADLAMP ASSY	25.00	0.00	*3,413.80 FL
7	1	*FRONT LH BUMPER LH XXXX	25.00	0.00	*77.00 FL
F=Fn	anchise part. L=Lis				
		Sub Total (S\$)			5,375.20
		 List Item Discount on L Items (S\$) 			1,343.80
		Total Parts (S\$))		4,031.40

ComfortDelGro Engineering Pte Ltd/SHC1126D/19/02/2020 17:05. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

1,210.00

Estimates on Miscellaneous Items

No Q	ty Particulars		Amount
Miscel 1 1	OD/TP Case (Insurer)		11.00
		Sub Total (S\$)	11.00

No	Particulars	Lab.Type	Amount
Labo	our Items		
1	PANEL BEATING	New	640.00
2	SPRAY PAINTING	New	450.00
3	CHECK WIRING & LIGHTING	New	60.00
4	TUFF KOTE	New	60.00

ComfortDelGro Engineering Pte Ltd/SHC1126D/19/02/2020 17:05. Not valid without Reference section. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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 nemis) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

Gross Labour Cost (S\$)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.02.2020 Time: 16:19:26

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE

: 305382425 : SHC1126D

MAKE

: 0000000000 : TOYOTA

MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 05.07.2017
DATE/TIME IN : 18.02.2020 18:50

ACCIDENT DATE : 18.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0574-A PRIG4 FENDER SUB-ASSY FRO 1 933.10 25.00 699.82 BUC

0002 04-01-0302-2815-A PRIG4 UNIT ASSY HEADLAMP 1 3,413.80 25.00 2,560.35 Sev

0003 03-01-0302-2057-G PRIG4 CAP WHEEL 1 175.80 25.00 131.85

0004 04-01-0302-2297-G PRIG4 EMBLEM SIDE PANEL (1 86.50 25.00 64.87

SUB-TOTAL : 3,456.89

JOB NATURE

0000 L	merimen	11.00
0001 PB	PANEL BEATING	640.00
0002 SP	SPRAYPAINT CHARGE	400.00
0003 17-01	CHECK ALL LIGHTING	50.00
0004 20-00	TUFF COAT ON AFFECTED PARTS.	30.00

SUB-TOTAL : 1,131.00

COMFORTDELGRO ENGINEERING

7		2223000	205222425		10.00	NGINEERING
Our J	lob Ref	No :	305382425		Comforti	DelGro Engineering Pte Ltd
Date		;	27/02/20		59 Loyar Fax: 654	ng Drive Singapore 508969 6 8156
INA	LIZATI	ION FORM				
Го	: _		LKK		Fax:	
Attn	12		RAM			
		: SHO	C1126D		<u> 181 </u>	18/02/2020
The s	survey	and estimates o	f the repairs of the above-	mentioned vehicle	are as follows:-	
-	The	repair job shall b	oill to:	TOKIO		GBD4702L
	The	finalized amount	shall be:			90
	(a)	Spare Parts a	fter List discount			\$3,456,89
	(b)	Labour Charg	es			\$1,131.00
		Total for Part	-By-Part Repair Cost			\$4,587,89 9
	(c.)	Total for Lump	pair (if applicable) psum repair cost after Less um Repair cost			
	Wes	shall treat the a	eriod for repairs:		orking days.	ly from you within 7
4.	We s		bove amount as Correct	and Confirmed if	150 5	
4.	We s work	shall treat the a king days nk you for your a	bove amount as Correct	and Confirmed if	there is no repl e confirm the est alized amount	
4.	We sworl Than	shall treat the a king days nk you for your a nature :	bove amount as Correct	and Confirmed if	there is no repl	
1.	We s work Than Sign Nam	shall treat the aking days nk you for your a nature : CHIANG	bove amount as Correct	and Confirmed if W fir	there is no replaced amount the establishment th	timates and
1.	We sworl Than Sign Nam Tel	shall treat the aking days nk you for your a nature : ne : CHIANG	bove amount as Correct assistance.	and Confirmed if W fir	there is no replace confirm the establized amount	timates and
4.	We sworl Than Sign Nam Tel Fax	shall treat the aking days nk you for your a nature: cee : CHIANG delta : 65468	bove amount as Correct assistance.	and Confirmed if W fir	there is no replaced amount the establishment th	timates and
4.	We sworl Than Sign Nam Tel Fax	shall treat the aking days nk you for your a nature : ne : CHIANG	bove amount as Correct assistance.	and Confirmed if	there is no replaced amount the establishment th	timates and
5.	We sworl Than Sign Nam Tel Fax	shall treat the aking days nk you for your a nature: cee : CHIANG delta : 65468	bove amount as Correct assistance.	and Confirmed if W fir	there is no repl (e confirm the est halized amount gnature : ame : ate : Confirm By (Signature)	timates and
or.	We sworl Than Sign Nam Tel Fax	shall treat the aking days nk you for your a nature : 10 62148 11 Use Only	assistance.	and Confirmed if W fir S N D Document Attached	there is no repl (e confirm the est halized amount gnature : ame : ate : Confirm By (Signature)	2/3/2070
1. For	We sworl Than Sign Nam Tel Fax Officia	shall treat the a king days nk you for your a containe: 62148 65468 al Use Only	assistance.	and Confirmed if W fir S N D Document Attached Yes or No	there is no repl (e confirm the est halized amount gnature : ame : ate : Confirm By (Signature)	2/3/2070
For 1. F	We sworl Than Sign Nam Tel Fax Officia	shall treat the a king days nk you for your a leature: 10 62148 11 Use Only Item Rate P/Day Income Paid	assistance.	and Confirmed if We fire Solution Document Attached Yes or No YES	there is no repl (e confirm the est halized amount gnature : ame : ate : Confirm By (Signature)	2/3/2070
1. For 1. F 2. L 3. \$ 4. L	We sworl Than Sign Nam Tel Fax Officia	shall treat the aking days nk you for your a nature : ne : CHIANG : 62148 : 65468 al Use Only Item Rate P/Day Income Paid Fees earch Fee	ssistance. Amount 7.49	and Confirmed if We fire Solution Document Attached Yes or No YES	there is no repl (e confirm the est halized amount gnature : ame : ate : Confirm By (Signature)	2/3/2070
1. F 2. L 3. S 4. L 5. M	We sworl Than Sign Nam Tel Fax Officia Rental Loss of Survey TA Se	shall treat the aking days nk you for your a nature: ne: CHIANG : 62148 : 65468 al Use Only Item Rate P/Day Income Paid Fees Parch Fee I Fees (on behall r, if applicable)	ssistance. Amount 7.49	and Confirmed if We fire Solution Document Attached Yes or No YES	there is no repl (e confirm the est halized amount gnature : ame : ate : Confirm By (Signature)	2/3/2070

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/TMI20002921/FQF3N2

Date:

12/03/2020

REFERENCE

Tokio Marine Insurance Singapore Ltd Handling Insurer:

Policy No:

MW009269

Claimant Vehicle

SHC1126D

Insured Vehicle No:

GBD4702L

No: Date of Loss: 18/02/2020

Nature of Claim:

TP

M2001340 Claim No:

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC1126D

Make & Model:

TOYOTA PRIUS HYBRID, 1.8 CVT (A)

Engine No:

2ZRS056234

466014 km

Reg. Date:

05/07/2017 (Man. Year: 2017)

Chassis No: Odometer:

JTDKB3FU003561361

Colour: Engine Capacity: Blue

1798 cc

Market Value/New Car Price:

N/A

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Sum Insured (S\$):

Good

Steering (Serviceable):

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 8 mm

Rear Left Side:

Davanti 8 mm

Front Right Side:

Davanti 8 mm

Rear Right Side:

Davanti 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,031.40	3,456.90	574.50	14.25
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,210.00	1,120.00	90.00	7.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	5,252.40	4,587.90	664.50	12.65
+ GST 7.00/7.00% (S\$)	367.67	321.15	46.52	12.65
Nett Amount (S\$)	5,620.07	4,909.05	711.02	12.65

INSPECTION

Date of Assignment:

20/02/2020 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected:

ComfortDelGro Engineering Pte Ltd (Loyang)

20/02/2020 Inspected At:

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Adjuster: PARASURAM SHANMUGAM Manager:

SHIAU CHAN

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

REPAIR DETAILS

Reference:		Version: 1.0 (Last Synchronised: 12 Mar 2020)	
Parts: Labour:	144 Repairer's	TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0) (Price-denominated Standard List)	
Print Code: Validity:	(Unsubmitted, no print-code for SHC1126D) 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		

1112	commend			Repairer's	Reference	Amount
No.	Qty Part No.	Particulars	Condition	Repairers	Reference	Amount
4	1	*FRONT BUMPER COVER	Repair	490.50 FL		*-FI
2	1	*FRONT LH FENDER	Buckled	933.10 FL	141	*933.10 F
3	•	*FRONT LH FENDER LINING	Not Necessary	198.50 FL		*-F
4	1	*FRONT LH FENDER HYBIRD EMBLEM	Necessary	86.50 FL	(2)	*86.50 F
5	4	*FRONT LH WHEEL COVER	Scratched	175.80 FL		*175.80 F
6	4	*FRONT LH HEADLAMP ASSY	Scratched	3,413.80 FL	115	*3,413.80 F
7	1	*FRONT LH BUMPER LH	Not Necessary	77.00 FL	1991	*-F
F=F	anchise part, L=List	ItemDisc.	Sub Total (S\$)	5,375.20	4,609.20	
		- List Item Discount on L Item	없이다. 이번에 가르게 하는 것이 있는 것이 되지 않아 있다.	1,343.80	1,152.30	
			Total Parts (S\$)	4,031.40		3,456.90

is Items	Repairer's	Amount
	11.00	11.00
Sub Total (S\$)	11.00	11.00
Lab.Type	Repairer's	Amount
	640.00	640.00
	1771 N.T. 1880 N.	400.00
	100000000000000000000000000000000000000	50.00
New	60.00	30.00
Gross Labour Cost (S\$)	1,210.00	1,120.00
	Sub Total (S\$) Lab.Type New New New New New	Sub Total (S\$) 11.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >