

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref : 305433197
Date : 12-11-2020
Time of Fax: _____

Via Fax : EMAIL
Your Insured: YN 267M
Date of Acc : 10-11-20

Attn: Motor Claims Department

ALG

Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

6767P

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties-involved in the accident _

In accordance to the motor claims framework, we hereby request your presence at 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.

Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:-

♦ Lim Kwok Eng	Tel: 6214 8316 or HP: 9824 0811	} jumanibm@cde.com.sg Fax no. 6546 8156
♦ Juman Bin Masudin	Tel: 6214 8315 or HP: 9635 5305	
♦ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546	
♦ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006	
♦ Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824	
♦ Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176	

➔ If we do not hear from you within the next 48 hours, we shall deem that you have waived your rights to survey our client's vehicle and we shall proceed to engage independent surveyor without further reference to you. We henceforth reserve our rights to claim for Loss of Use and Loss of Rental during any delayed period of this survey arrangement.

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.

Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

member of COMFORTDELGRO

Date/Time: 12.11.2020 09:17

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Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.:305433197

OWNER
AS COMFORT TRANSPORTATION PTE LTD
7010045
OWNER NO.
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R)
(P)

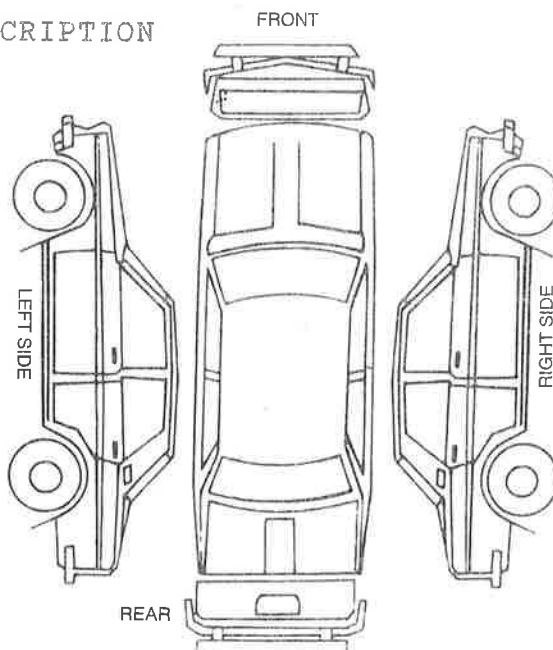
REGN NO.	SH 6767P	MILEAGE
MAKE:	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4A11	DATE/TIME IN
YR OF MANU.	04.08.2020	TARGET DATE
CHASSIS CODE	JTDKB3FU403091352	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.11.2020
NATURE: 3P 10.11.2020/C

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SH 6767P

JU AIG

Vehicle No.:

SH 6767P

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.11.2020

REPAIR ESTIMATE

Time: 09:32:25

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

JOB NO : 305433197
REGN NO : SH 6767P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4A)
DATE OF REGN : 04.08.2020
DATE/TIME IN : 11.11.2020 15:55
ACCIDENT DATE : 10.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-G	COVER FRONT BUMPER	1	499.90	25.00	374.92
0002 04-01-0302-2915-G	UNIT ASSY HEADLAMP RH	1	3,455.00	25.00	2,591.25
0003 04-01-0302-2971-G	SUPPORT FRONT BUMPER SIDE	1	82.30	25.00	61.72
0004 04-01-0302-0573-G	FENDER SUB-ASSY FRONT RH	1	945.30	25.00	708.97
0005 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (	1	86.50	25.00	64.87

SUB-TOTAL : 3,801.73

JOB NATURE

0000 PB	PANEL BEATING	700.00
0001 SP	SPRAYPAINT CHARGE	500.00
0002 17-01	CHECK ALL LIGHTING	50.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00

SUB-TOTAL : 1,300.00

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

JOB NO : 305433197
REGN NO : SH 6767P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 04.08.2020
DATE/TIME IN : 11.11.2020 15:5
ACCIDENT DATE : 10.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 5,101.73

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :