

ASS. REC. BY:

CS/TMI23004368/Svy3

Smf

ASSIGNMENT

From: _____ Date: _____

Veh No: SMD3748R Yr Reg: 30A/1g 2017

Estimated Cost: _____

Type: MCar / MCycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

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

Make: TOYOTA PRIMA HYBRID (G4) cc 2798

To Inspect Vehicle No: _____

Colour: Blue AC: Insured / Std / Int / NA

at Workshop no's: _____

Sp Reading: 747337 Yr Rec'd: Insured / Std / Int / NA

of: _____

Eng No: _____

Insured: GBJ 5510KTM1

C/Nr: JTDKB3FU40J563789

Policy No. MK000353

Gen. Cond: Good / Fair / Poor / Burnt

Claim No. M2302706

Steering: In order / Jammed / Leaked / Burnt or

Sum Insured: _____ Excess: _____

Brake: In order / Jammed / Leaked / Burnt or

(Client's Record)

Mod: NI / S/Rtn / STD / Int / or

Make of Veh: _____

Tyre Size: F: 195 / 65 R15

R: _____

(Policy Condition)

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

W/S	O/S
<i>CHH</i>	<i>CHH</i>

Est. or Market Value: \$

BS / DUN / EXNOVA / GY / FS / LZA / UIC / OHTSU / PRI / SUMI / TOYO / YOKO or Westlake

IDAC Accident Report: _____ Consistent? Yes or No

Front: _____ Rear: _____

GIA / PR Sect: _____ Consistent? Yes or No

FRBal: 5 mm RUBal: 6 mm

Est. Repairs: 3 days Rate: Yes or No

UBal: 5 mm RUBal: 6 mm

Lump Sum: _____ % 3 Vol: Yes or No

D.O.A. 26/04/23 D.O.L. 28/04/23 3pm

CA / REV / REP. / 24 HRS

Survey held at CDGE

Date: _____ Person Contacted: _____

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Roof or

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	Balance:
15/6/23	LS \$3700 confirmed by email (red 2566.05, 40%)	Yearly:
		MV:
		NY:

Date/Time, File Pass to? : Profl. Report : Final Report

Days Of Repair: 3
Resurvey No. of Trips: _____

1) _____
Date/Time, File Return to? _____
2) 15/6/23-typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
3 + RR: \$3	
Phone:	
Other:	
TOTAL:	

Report Format: Merimen
Lump Sum / LB: \$ 3700

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5894624

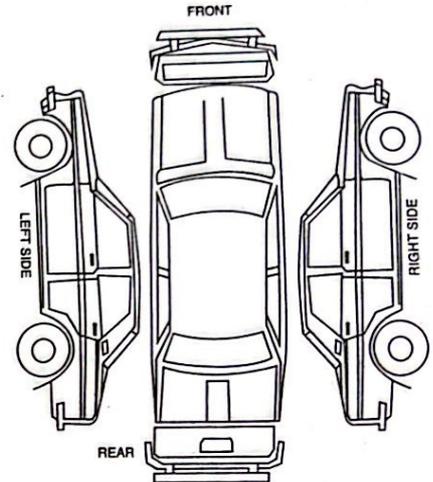
JC NO305552883

OMER S COMFORT TRANSPORTATION PTE LTD OMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REGN NO: SHD3748R	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)26.	DATE/TIME IN 04.2023 16:20
	YR OF MANU. 30.08.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU403563789	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.04.2023
 Accurrence: 3P.26.04.23

NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

Vehicle No.: **SHD3748R**

JU TOKIO

Vehicle No.:

SHD3748R

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

DelGro Engineering Pte Ltd (Co.Reg.No.199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

*JUMANI
CLIP*

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/04/2023
Vehicle Reg. No.:	SHD3748R	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	30/08/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZRS062477	Chassis No:	JTDKB3FU403563789
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS		Amount
Parts		3,927.05
Miscellaneous Items		11.00
Labour		2,330.00
Paintwork Labour		0.00
Towing		0.00
Gross Total (S\$)		6,268.05
+ GST 8.00% (S\$)		501.44
Nett Amount (S\$)		6,769.49

This claim is handled by: **JUMANI BIN MASUDIN**

Generated using Merimen e-Claims Internet Estimation & Adjusting System