

Signature

Kalvin

REF:

CCS/TMU7022561/KHbnz

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: GR 3111X

Policy No. MH000021

Claims No. ML706057

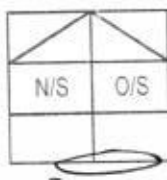
Sum Insured: _____ Excess: _____

(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 Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SHD 6750M

Yr Regn:

23 Apr 2015

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

Truck / Trailer or

Make:

Hyundai I40

C.C. 1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

254858

T/Radio: Insured / Std / NI / NA

Eng/No:

KMHCBK14MF406817

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 205R16

R: _____

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

TOYO / YOKO or

Wing

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

25/4/17

D.O.I.

27/4/17

Survey held at

COGE (4-1)

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

Rear

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

Date / Time

Action / Instruction

SHD 6750M - CS / FCL7022526/16

DOA: 21/11/17

T.K.

GR 3111X - X

PIP

29/4/17

G.L.S P/P \$1276.18 / 2 P/P (Red: 5138.20 : 80%)

RECEIVED 30 NOV 2017

Date/Time: File Pass to?

☐

: Preli. Report

☐

: Final Report

1) 30/11/Typist

Date/Time: File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS \$

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format: TP

Lump Sum / I.B.I: (\$ 1276.18)

TOTAL

250
10
260



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

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CC3/TMI17022561/K1tb

20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRESINGAPORE 069046

Date : 27-11-2017



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GQ 3111X	Veh. Inspected	SHD 6750M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/11/2017

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--	--

5. General Information

Accident Date	25/11/2017	Inspection Date	27/11/2017
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.
--

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 ability.
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 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	26/11/2017 11:15
Date Of Accident	25/11/2017 20:40
Exact Location Of Accident	BUKIT BATOK AVE 5 TURN RIGHT EAST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6750M
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	HYUNDAI
Model	I40

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	

Driver

Name of Driver	LEE KHIN HUA
NRIC No	S1547125E
Date Of Birth	29/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	30/10/1979
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	246 #08-646 COMPASSVALE ROAD
Postcode	540246
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	3

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

SEE ATTACH.

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	GQ3111X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEN SHIBING
NRIC/Passport Number	
Contact Number	98626069
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

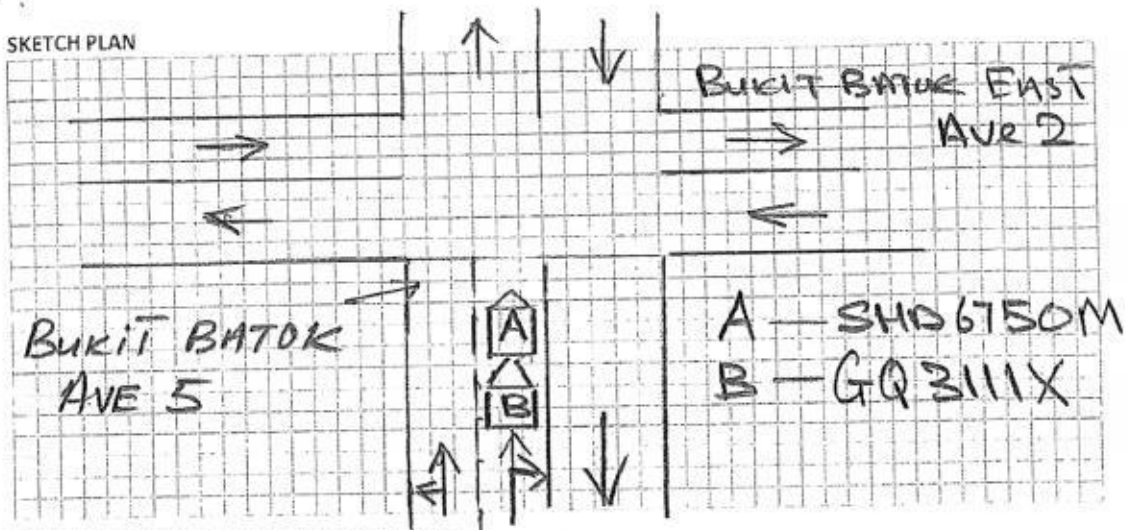
Name	LEE KHIN HUA
------	--------------

Approximate Age	55
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHD6750M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PAX
Approximate Age	
Injuries Sustain	CHEST
Injured person in which vehicle?	SHD6750M
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/11/2017 @ 2040hr, MY taxi was stop at the Traffic Junctions Bukit Batok Ave 5 turn right Bukit Batok East Ave 2, waiting traffic light turn green. Suddenly Vehicle (B) GQ 3111 X hit my taxi on the rear Portion Cause damaged.

There is Boarding Pax (2) On board at my taxi, and (1) Young Girl was slight injury need consult doctor.

Taxi drivers Feel Pain, need consult doctor.

There is Video Footage On the Scene.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name: Fann

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:

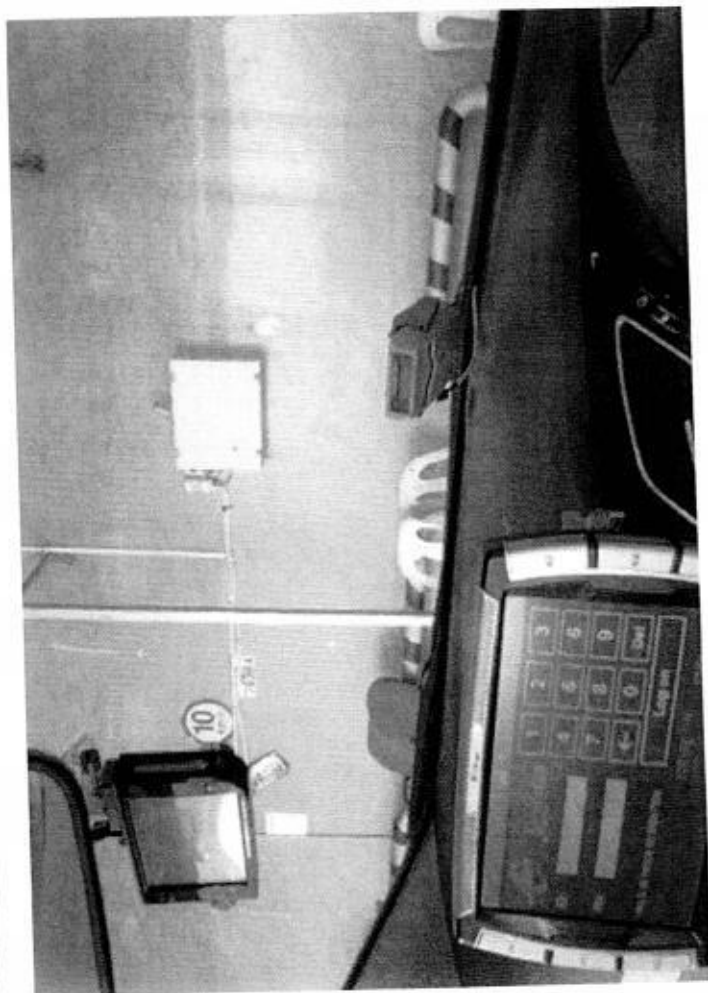
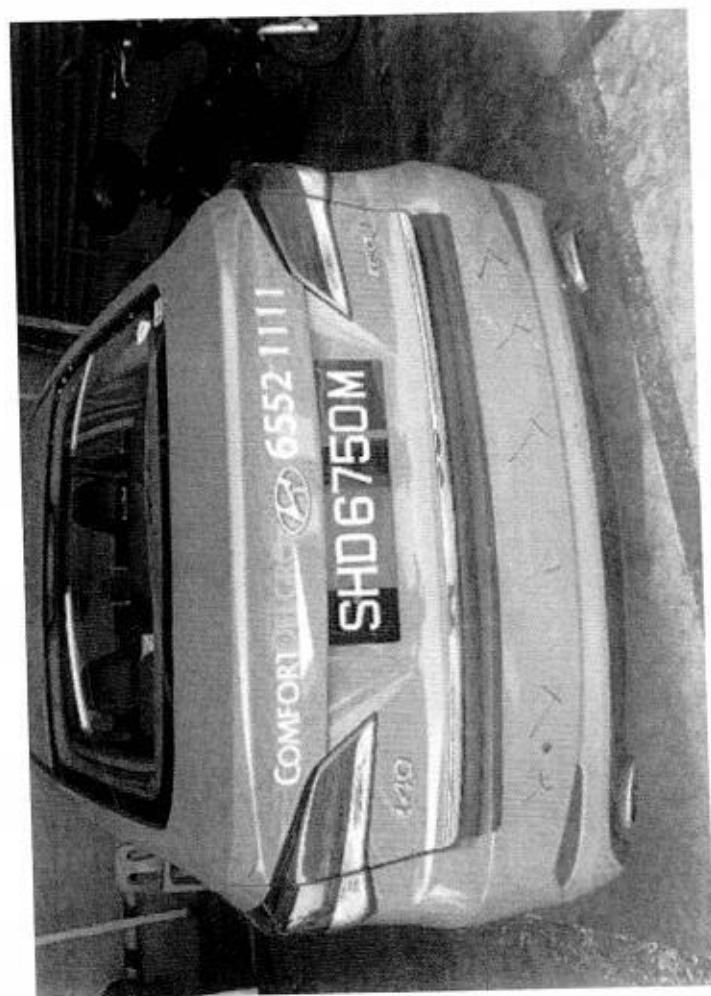
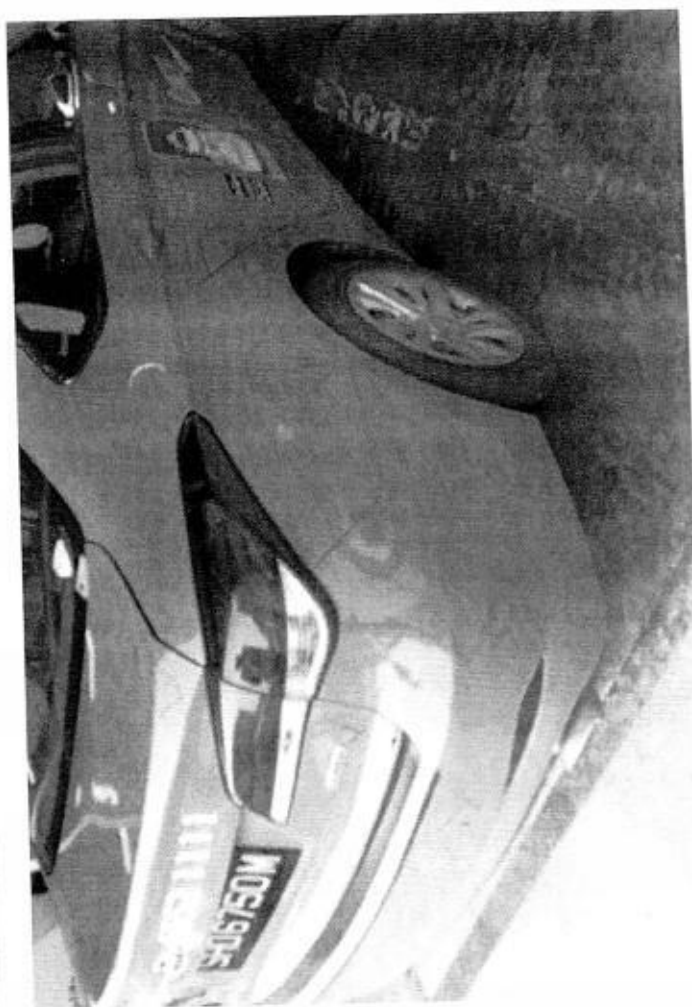
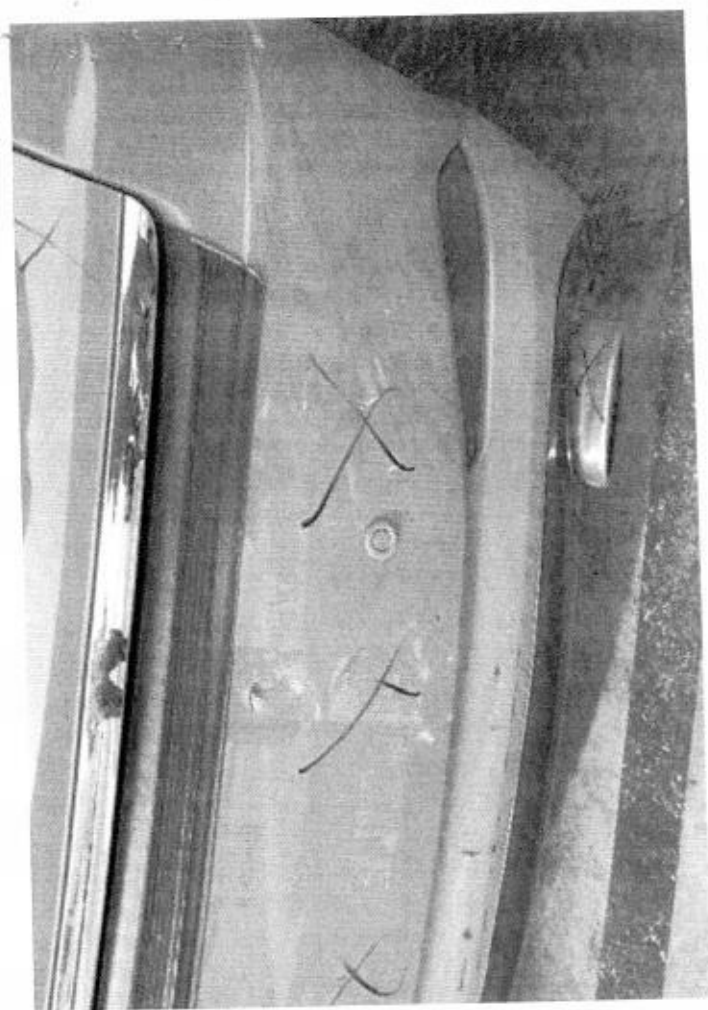
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 199303821R

Policyholder's Signature
Date & Time:

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

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





Date/Time: 27.11.2017 09:28

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305092273

STOMER

REGN NO.

SHD6750M

MILEAGE

I/MS

COMFORT TRANSPORTATION PTE LTD

MAKE

HYUNDAI

FUEL

E.....1/2.....F

STOMER NO

7010045

MODEL

I-40

25.11.2017 21:50

DRESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717

YR OF MANU

23.04.2015

TARGET DATE

(R)

65508755

(O)

Tokio Marine

CHASSIS CODE

KMHLB41UMFU068137

COMPLETION DATE/TIME:

(P)

3COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.11.2017

NATURE: 3P 25.11.2017

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

e:

lo.:

le No.:

SHD6750M

LKE/KALVIN

Vehicle No.:

SHD6750M

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 6750M

MAKE :

MODEL : HYUNDAI i40

Westlake

DATE 27/11/2017 11:09

LuKe

Pbyf
Zakir. Masrur

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>x sue</i>			\$ 1,681.40
	Boot Lid Rubber <i>x sue</i>			\$ 115.80
	Boot Lid Lock Upper <i>x sue</i>			\$ 137.90
	Boot Lid Lock Lower <i>x sue</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>x an</i>			\$ 27.20
	Boot Lid CRDI Plate <i>x an</i>			\$ 41.00
	Bootlid Moulding <i>x in</i>			\$ 85.00
	Bootlid i40 Emblem <i>x an</i>			\$ 41.00
	Bootlid Lower Garnish <i>x sue</i>			\$ 398.00
	Rear Bumper <i>Detail</i>			\$ 603.60
	Rear Bumper Reinforcement <i>x sue</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>x sue</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>x sue</i>		\$ 49.00	\$ 98.00
	Rear Bumper Clips <i>see</i>			\$ 22.00
	Rear Bumper Sponge <i>x sue</i>			\$ 143.40
	Rear Bumper Under Cover <i>see</i>			\$ 225.00
	Rear Panel <i>x sue</i>			\$ 592.30
	Rear Panel Garnish <i>x sue</i>			\$ 57.70
	Rear Panel Lower Panel <i>x sue</i>			\$ 495.50
	SUB TOTAL			\$ 5,660.85
	LESS 20%			\$ 1,132.17
	DISCOUNTED TOTAL			\$ 4,528.68
	Boot Lid Comfort Logo & Tel No. Sticker <i>x</i>			\$ 30.00 Nett
	Rear Bumper Reverse Sensor <i>shut</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>see</i>			\$ 50.00 Nett
	Acknowledged by Repairer			\$ 215.70
	Signature:			
	Date:			
	Labour Charge			
	Panel Beating			\$ 850.00 <i>200</i>
	Spray Painting Charge			\$ 600.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>x</i>
	Tuff Kote			\$ 50.00 <i>x</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 1,670.00
	ESTIMATE TOTAL			\$ 6,414.38
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.				

Kali 11/11/17

27/11/17 1420h

2 Days

PIP

Before Part p lha

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

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY
Policy No:
Vehicle Reg. No.: SHD6750M
Party At Fault: UNKNOWN

Ref. No:
Date of Loss: 25/11/2017
Driveable? YES

Make/Model: HYUNDAI I40, 1.7 D CRDI (A)
Vehicle Colour: BLUE
Engine No: D4FDEU496094
Odometer: 0 KM

Vehicle Reg. Date: 23/04/2015
Gen Condition: GOOD
Chassis No: KMHLB41UMFU068137

Paint Type:
List Item Discount: 20.00 %
Total Loss? NO
Est. Duration of Repair (day) 3

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

	Amount
Parts	2,667.18
Miscellaneous Items	10.00
Labour	820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	3,497.18
+ GST 7.00% (\$\$)	244.80
Nett Amount (\$\$)	3,741.98

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Nov 2017)

Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHD6750M/27/11/2017 18:09

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		*REAR BUMPER De	20.00	0.00	*603.60 FL ✓
2	1		*REAR BUMPER REINFORCEMENT SVC	20.00	0.00	*504.35 FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH SVC	20.00	0.00	*180.00 FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH SVC	20.00	0.00	*180.00 FL
5	1		*REAR BUMPER SIDE BRACKET LH SVC	20.00	0.00	*49.00 FL
6	1		*REAR BUMPER SIDE BRACKET RH SVC	20.00	0.00	*49.00 FL
7	10		*REAR BUMPER CLIPS nrc	20.00	0.00	*22.00 FL
8	1		*REAR BUMPER SPONGE SVC	20.00	0.00	*143.40 FL
9	1		*REAR BUMPER UNDER COVER CRA	20.00	0.00	*225.00 FL
10	1		*REAR PANEL SVC	20.00	0.00	*592.30 FL
11	1		*REAR PANEL GARNISH SVC	20.00	0.00	*57.70 FL
12	1		*REAR PANEL LOWER PANEL SVC	20.00	0.00	*495.50 FL
13	1		*REAR BUMPER REVERSE SENSOR sho	0.00	0.00	*135.70 F
14	1		*REAR BUMPER RUBBER MAT nrc	0.00	0.00	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	3,287.55
- List Item Discount on L Items (S\$)	620.37
Total Parts (S\$)	2,667.18

ComfortDelGro Engineering Pte Ltd/SHD6750M/27/11/2017 18:09. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (\$\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 ²⁰⁰
2	SPRAY PAINTING CHARGE	New	200.00 ¹⁸⁰
3	WIRING CHARGE	New	50.00 ⁺
4	TUFF KOTE	New	50.00 ⁺
5	REMOVE/REFIX REVERSE SENSOR	New	120.00 ²⁰
Gross Labour Cost (\$\$)			820.00

ComfortDelGro Engineering Pte Ltd/SHD6750M/27/11/2017 18:09. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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

JOB NO : 305092273
REGN NO : SHD6750M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 23.04.2015
DATE/TIME IN : 25.11.2017 21:50
ACCIDENT DATE : 25.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	603.60	20.00	482.88
0002 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	225.00	20.00	180.00
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	2.00-	135.70
0005 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	0.20	50.00

SUB-TOTAL : 866.18

JOB NATURE

0000 L	MERIMEN CHARGE	10.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 410.00

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 : 305092273
REGN NO : SHD6750M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 23.04.2015
DATE/TIME IN : 25.11.2017 21:50
ACCIDENT DATE : 25.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,276.18

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305092273

Date : 29/11/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. : SHD6750M CTPL

25.11.17

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

1. The repair job shall bill to: TOKIO MARINE --- GQ3111X
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$866.18
(b) Labour Charges	\$410.00
Total for Part-By-Part Repair Cost	\$1,276.18
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 2 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 KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN

Date : 29/11/17

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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: CC3/TMI17022561/K1TBN2
Date: 06/12/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MH000121
Claimant:	SHD6750M	Insured Vehicle No :	GQ3111X
Vehicle No :		Nature of Claim:	TP
Date of Loss:	25/11/2017	Claim No:	M1706057

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD6750M	Engine No:	D4FDEU496094
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMFU068137
Reg. Date:	23/04/2015 (Man. Year: 2015)	Odometer:	254858 km
Colour:	Blue		
Engine Capacity:	1685 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:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,667.18	866.18	1,801.00	67.52
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	820.00	400.00	420.00	51.22
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,497.18	1,276.18	2,221.00	63.51
+ GST 7.00/7.00% (S\$)	244.80	89.33	155.47	63.51
Nett Amount (S\$)	3,741.98	1,365.51	2,376.47	63.51

INSPECTION

Date of Assignment:	29/11/2017	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	27/11/2017	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 06 Dec 2017)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD6750M)	
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 *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	180.00 FL	*- FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	180.00 FL	*- FL
5	1		*REAR BUMPER SIDE BRACKET LH	Serviceable	49.00 FL	*- FL
6	1		*REAR BUMPER SIDE BRACKET RH	Serviceable	49.00 FL	*- FL
7	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
8	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
9	1		*REAR BUMPER UNDER COVER	Cracked	225.00 FL	*225.00 FL
10	1		*REAR PANEL	Serviceable	592.30 FL	*- FL
11	1		*REAR PANEL GARNISH	Serviceable	57.70 FL	*- FL
12	1		*REAR PANEL LOWER PANEL	Serviceable	495.50 FL	*- FL
13	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 F	*135.70 F
14	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 F	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	3,287.55	1,036.30
- List Item Discount on L Items 20.00/20.00% (S\$)	620.37	170.12
Total Parts (S\$)	2,667.18	866.18

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	50.00	-
5	REMOVE/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			820.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >