

ASS. REC. BY:

REF: CS/ TMU7023053 / Kldon2 Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Richard Ang of TM Date/Time: 05/22/07 11:46am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SH 9282B Insured: SN 1851Mat Workshop m/s Comfort Delgro Tel: _____of 59 Layang DrivePolicy No: MH001493 Claim No: M1705968

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22.11.2007
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 9282B - CC3 / ALU17019796 / M1ka302
	SN 1851M - x

DUT: 13.10.17

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: _____

Policy No: _____

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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 2 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: SH/9282B Yr Regn: 8 Apr 2014

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

Truck / Trailer or

Make: Hyundai Ix No: 1685

Colour: Blue A/C: 0 Ins: 0 / Std / NI / NA

Sp. Reading: 581688 T/Radio: Ins: 0 / Std / NI / NA

Eng/No: _____

C/No: KMHLP414MEY 052572

Gen. Cond: Good / F / Poor / Burnt

Steering: Inor: 0 / Jammed / Leaked / Burnt or

Brake: Inor: 0 / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / 0 A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 22/11/17 D.O.I: 5/12/17

Survey held at: COE (Logans)

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

Rear o/s.

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

Date / Time	Action / Instruction	
6/12/17	Continued 45\$1200/2 days. (Per 67380.94, 86%)	To/40
		45

RECEIVED 0.0 DEC 2017

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Technical Ins (\$

☐

Workshop (\$

1) 3-PR (\$

2) Photo

3) Other

Report Format :

Lump Sum / I.B. (\$

MER TP

1200

290

10

360



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 : CS/TMI17023053/K1qb

20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRESINGAPORE 069046

Date : 05-12-2017



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLN 1851M	Veh. Inspected	SH 9282B
Policy No.	MH001493	Coverage (\$)	0.00
Claim No.	M1705968	Excess (\$)	0.00
Assign From	MERIMEN (RICHARD ANG)	Assign Date	05/12/2017

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

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5. General Information

Accident Date	22/11/2017	Inspection Date	05/12/2017
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.
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Survey Department Check List (Case Handler)

Reference No.: CS/MI/70230531K19/b
Policy Type: OD / TP / TP RES / TL / EVA

SA 9282B

Case Handler

Typist

Admin (Cethu): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
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✓			
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✓			
✓			
✓			

Surveyor (Kalvin): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
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✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓		
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(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

✓		
✓		
✓		

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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Check By: [Signature] 6/12/13

Case Handler

Date

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Dec 2017 10:04 Sendback Est	05 Dec 2017 10:21 S\$8,590.94	05 Dec 2017 11:46 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All	
CLAIM SUBFOLDER DETAILS					
Insured: COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R					
Main Claimant: COMFORT TRANSPORTATION PTE LTD					
Vehicle Reg. No.: SH9282B		Date of Loss: 22/11/2017 14:00 - :59			
Claim Type: TP / M1705968		Policy/Cover Note No.: MH001493 (Third Party Only) Coverage: 03/10/2017 - 02/10/2018			
Vehicle Reg. No. (Insured): SLN1851M		Policy No. (Claimant):			
		Excess: S\$1,800.00			
Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300					
Handling Insurer: Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Richard Ang - 65926407]					
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 14/12/2017]					
ASSOCIATED MAIL RECEIVED					
				View All	
Compose Case Mail					
There are no mail for this case.					
ALL ASSOCIATED TASKS					
		View All	Search Tasks	Create New Task	Complete
Due Date	Priority	Type	Task Group	Subject	Handler
				Assigned By	Completed On
				Created On	Done?
No results.					

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	23/11/2017 17:15
Date Of Accident	22/11/2017 16:20
Exact Location Of Accident	SEMBAWANG RD TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9282B
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	KOH HWEE SOON
NRIC No	S1267124E
Date Of Birth	25/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1976
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KOHHWEESOON2511@YAHOO.COM

Address	BLK 17 HOUGANG AVE 3 #10-155
Postcode	530017
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
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)	1

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

PLS REFER TO ATTACHED

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	SLN1851M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NOELLE TAN HSIU HUA
NRIC/Passport Number	S7705850H
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	KOH HWEE SOON
------	---------------

Approximate Age	60
Injuries Sustain	FELT GIDDY. PAIN TO NECK, SHOULDER, BACK AND RIGHT ARM. ON 4 DAYS MC.
Injured person in which vehicle?	SH9282B
Were seat belts worn?	YES
Was 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.

UNIFORT TRANSPORTATION PTE LTD
CO. REG NO. 192203321R

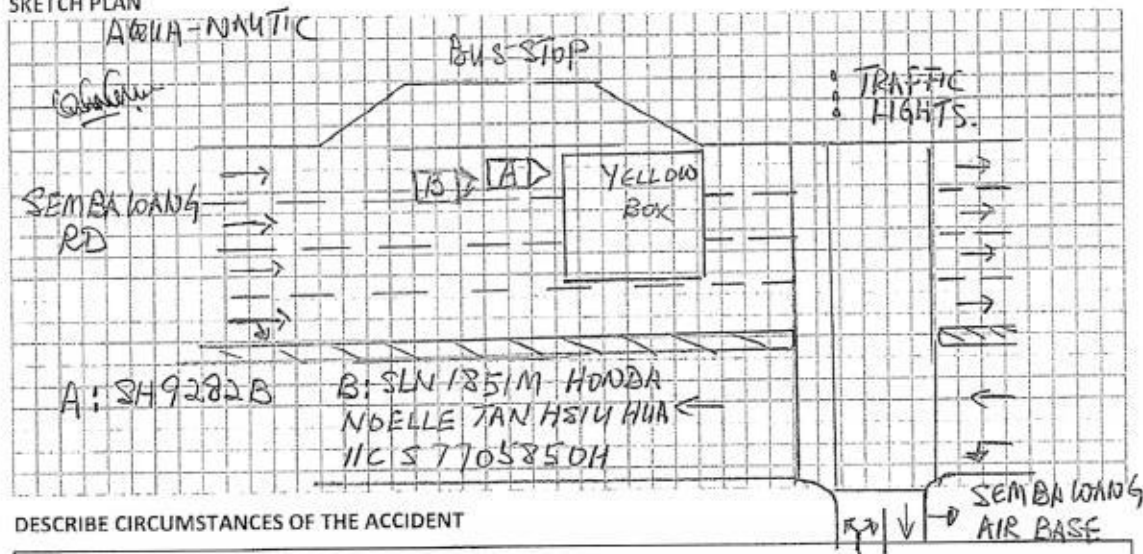
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
REG NO. 190001331R

Policyholder's Signature
Date & Time:

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

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

SM/1045 Sketch Plan Form 2D

Sketch Plan Pg. 3

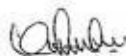
Describe Circumstances of the Accident
On 22 Nov 2017 at about 16:20 hrs I was driving straight on the leftmost lane along
Sembawang Rd heading towards the direction of Yishun Ave 1.
As I approached the traffic junction of Sembawang Air Base the traffic lights is red hence I
slow and stop before the yellow box parallel to the bus stop.
Suddenly a few seconds later a Honda car SLN1851M came from behind collided onto the
Rear Right Portion of my taxi.
I stepped out from my taxi and take the scene photos. Later I felt giddy and pain to my neck,
shoulder and back. As I was feeling discomfort I call for the Police. Later the ambulance
arrived at the scene followed by the Police. The Paramedics attended to me and after that
the ambulance send me to Khoo Teck Puat Hospital for further medical observation.
At the hospital I undergo a series of test and was discharged later in the evening. The Doctor
prescribed me some medication and was given 04 days Medical leave.
Later I came to know that my taxi is being towed back to the Traffic Police Compound.
I am filing this report to claim against the car's insurer.

Declaration


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

COMFORT TRANSPORTATION PTE LTD
 100-01-1011111111

Policyholder's Signature/Date &
 Time



Driver's Signature(if driver is not the policyholder)/Date
 & Time

23/11/17 

Witnessed by Reporting
 Centre Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD617155183 Vehicle Registration No: SH9282B
Name(as shown in NRIC) : KOH HWEE SOON NRIC/FIN/Passport No : S1267124E
***Vehicle Driver / Vehicle Owner (*)** Please delete as appropriate
Address : BLK 17 HOUGANG AVE 3 #10-155 Singapore(530017)
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 22/11/2017 Time of Accident : 16:20
Place of Accident : SEMBAWANG RD TWDS YISHUN AVE 1
Insurance Company: India International Insurance Pte Ltd


(B) ADDITIONAL INFORMATION / **AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

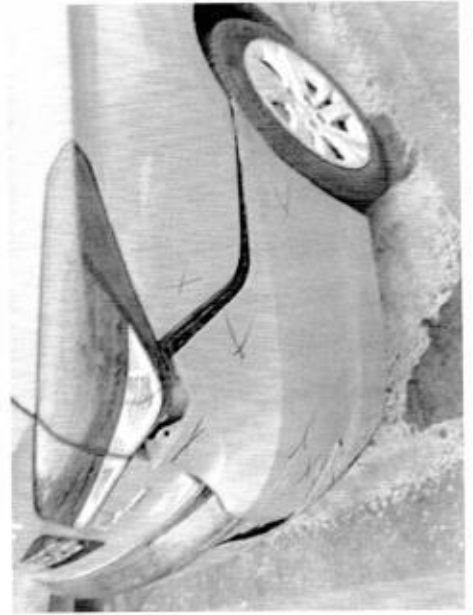
Videos captured : Available instead Not Available

Upload Accident Photos

Policyholder / Driver's Signature
Date: _____



Reporting Centre Personnel's Signature
Name: xiao yan
NRIC/FIN No.: _____
Date: 04.12.2017





Date/Time: 05.12.2017 08:19

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305091922

CUSTOMER
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65508755 (O)
(P)

REGN NO:
SH 9282B

MILEAGE

MAKE:
HYUNDAI

FUEL

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

MODEL
I-40

DATE/TIME IN
22.11.2017 16:20

YR OF MANU
08.04.2014

TARGET DATE

CHASSIS CODE
KMHLB41UMEU052572

COMPLETION DATE/TIME:

3COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.11.2017
NATURE: TP/3P 22.11.2017

LABOR CODE

DESCRIPTION

TOKIO - taxi Rear Right damage
LKK/Kalvin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 9282B
LARRY

Vehicle No.: SH 9282B

Larry Ng

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

20.11.2017 19:22

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	22/11/2017
Vehicle Reg. No.:	SH9282B	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	08/04/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU410254	Chassis No:	KMHLB41UMEU052572
Odometer:	1 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	10		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	6,810.94
Miscellaneous Items	10.00
Labour	1,770.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	8,590.94
+ GST 7.00% (S\$)	601.37
Nett Amount (S\$)	9,192.31

Larry Ng

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 05 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: ComfortDelGro Engineering Pte Ltd/SH9282B/05/12/2017 10:21
 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		*Boot Lid <i>X see</i>	20.00	0.00	*1,681.40 FL
2	1		*Boot Lid CRDi emblem <i>X "</i>	20.00	0.00	*41.00 FL
3	1		*Boot Lid i40 emblem <i>X "</i>	20.00	0.00	*41.00 FL
4	1		*Boot Lid molding <i>X "</i>	20.00	0.00	*85.00 FL
5	1		*Boot Lid Lower garnish <i>X see</i>	20.00	0.00	*398.00 FL
6	1		*Rear Bumper <i>Defend</i>	20.00	0.00	*603.60 FL
7	1		*Rear Bumper Reinforcement <i>X see</i>	20.00	0.00	*504.35 FL
8	1		*Rear Bumper Sponge <i>from</i>	20.00	0.00	*143.40 FL
9	1		*Rear Bumper Undercover <i>cut</i>	20.00	0.00	*225.00 FL
10	1		*Rear Bumper Reflector - RH <i>cut</i>	20.00	0.00	*32.00 FL
11	10		*Rear Bumper Clips <i>see</i>	20.00	0.00	*22.00 FL
12	1		*Rear Panel <i>X repair</i>	20.00	0.00	*592.30 FL
13	1		*Rear Panel Lower panel <i>X repair</i>	20.00	0.00	*495.50 FL
14	1		*Panel Assy - Rear floor side - RH <i>X see</i>	20.00	0.00	*92.40 FL
15	1		*Tail lamp 1/4 panel - RH <i>X see</i>	20.00	0.00	*97.90 FL
16	1		*Exhaust silencer - RH <i>X see</i>	20.00	0.00	*954.00 FL
17	1		*Exhaust centre pipe <i>X see</i>	20.00	0.00	*1,150.30 FL
18	1		*Rear Bumper Rubber Mat <i>see</i>	0	0.00	*50.00 FS
19	1		*Reverse Sensor <i>X see</i>	0	0.00	*135.70 FS
20	1		*Tail lamp - RH <i>X see</i>	20.00	0.00	*565.60 FL
21	1		*Boot Lid Tail lamp - RH <i>X see</i>	20.00	0.00	*556.80 FL

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$)	8,467.25
- List Item Discount on L Items (S\$)	1,656.31
Total Parts (S\$)	6,810.94

ComfortDelGro Engineering Pte Ltd/SH9282B/05/12/2017 10:21. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	Panel Beating	New	800.00 ⁴⁰⁰ 800.00
2	Spray Painting	New	600.00 ¹⁸⁰ 600.00
3	Wiring Charge	New	50.00 50.00 X
4	Tuff Kote	New	80.00 80.00 X
5	Remove/refix exhaust	New	120.00 120.00 X
6	Remove/refix reverse sensor	New	120.00 120.00 X
TDV inc F&E			50.00 ✓
Gross Labour Cost (S\$)			1,770.00

ComfortDelGro Engineering Pte Ltd/SH9282B/05/12/2017 10:21. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kalvin LUK

5/12/17 1050h.
2 Pgs.

45
After Repair photo

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:

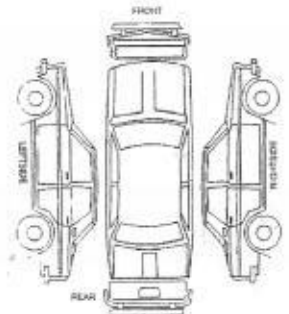
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>04/12/17</u> Time Received: <u>1411</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/COPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : Vehicle No. : <u>SH9282B</u> Make / Model / Colour : Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: 	
7. Location: <u>T A Road</u>			8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading : _____
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☒ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ STD ☒ TZ ☐ IRS ☐ OTHERS
Name of Driver : Jacky Liao
Vehicle No. : YIV 7944K No key
Time Dispatch : 1432
Time of Arrival : 1445
Time Completed : 1500

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COP

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305091922
Date : 05/12/17

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

FINALIZATION FORM

To : LKK
Attn : KALVIN


Fax :


Vehicle Reg No. : SH 9282B Date of Accident: 22.11.2017

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

1. The repair job shall bill to: TOKIO SLN1851M
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: **Final Lumpsum Repair cost** \$1,200.00
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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kalvin
Date : 6/12/17

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	\$5.35			
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: CS/TMI17023053/K1QBN2

Date: 07/12/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MH001493
Claimant Vehicle No :	SH9282B	Insured Vehicle No :	SLN1851M
Date of Loss:	22/11/2017	Nature of Claim:	TP
		Claim No:	M1705968

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH9282B	Engine No:	D4FDDU395087
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU052572
Reg. Date:	08/04/2014 (Man. Year: 2014)	Odometer:	581688 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	6,810.94	870.80	5,940.14	87.21
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,770.00	630.00	1,140.00	64.41
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,590.94	1,510.80	7,080.14	82.41
Approved Total (Overridden) (S\$)		1,200.00		
(S\$)	8,590.94	1,200.00	7,390.94	86.03
+ GST 7.00/7.00% (S\$)	601.37	84.00	517.37	86.03
Nett Amount (S\$)	9,192.31	1,284.00	7,908.31	86.03

INSPECTION

Date of Assignment:	05/12/2017	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	05/12/2017	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: 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

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 07 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 SH9282B)	
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		*Boot Lid	Serviceable	1,681.40 FL	-
2	1		*Boot Lid CRDi emblem	Not Necessary	41.00 FL	-
3	1		*Boot Lid i40 emblem	Not Necessary	41.00 FL	-
4	1		*Boot Lid molding	Not Necessary	85.00 FL	-
5	1		*Boot Lid Lower garnish	Serviceable	398.00 FL	-
6	1		*Rear Bumper	Deformed	603.60 FL	*603.60 FL
7	1		*Rear Bumper Reinforcement	Serviceable	504.35 FL	-
8	1		*Rear Bumper Sponge	Torn	143.40 FL	*143.40 FL
9	1		*Rear Bumper Undercover	Cut	225.00 FL	*225.00 FL
10	1		*Rear Bumper Reflector - RH	Cracked	32.00 FL	*32.00 FL
11	10		*Rear Bumper Clips	Necessary	22.00 FL	*22.00 FL
12	1		*Rear Panel	Repair	592.30 FL	-
13	1		*Rear Panel Lower panel	Repair	495.50 FL	-
14	1		*Panel Assy - Rear floor side - RH	Serviceable	92.40 FL	-
15	1		*Tail lamp 1/4 panel - RH	Serviceable	97.90 FL	-
16	1		*Exhaust silencer - RH	Serviceable	954.00 FL	-
17	1		*Exhaust centre pipe	Serviceable	1,150.30 FL	-
18	1		*Rear Bumper Rubber Mat	Necessary	50.00 FS	*50.00 FS
19	1		*Reverse Sensor	Serviceable	135.70 FS	-
20	1		*Tail lamp - RH	Serviceable	565.60 FL	-
21	1		*Boot Lid Tail lamp - RH	Serviceable	556.80 FL	-

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	8,467.25	1,076.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,656.31	205.20
Total Parts (\$\$)	6,810.94	870.80

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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	800.00	400.00
2	Spray Painting	New	600.00	180.00
3	Wiring Charge	New	50.00	-
4	Tuff Kote	New	80.00	-
5	Remove/refix exhaust	New	120.00	-
6	Remove/refix reverse sensor	New	120.00	-
7	Towing Fee	New	-	50.00
Gross Labour Cost (\$\$)			1,770.00	630.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >