

22/03/2002

ASS. REC. BY:

REF: CS/MS(1170)23337/K1001

Special Instruction:

Surveyor: Kalvin.**ASSIGNMENT (Office)**From (Person): Desmond Teo of M&HDate/Time: 08/12/2017 10:12am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHB 11732PInsured: Public Liabilityat Workshop m/s Comfort Delgro

Tel: _____

of 59 Layang DrivePolicy No: 76645217Claim No: 540194

Sum Insured: _____

Excess: _____

Make of Veh:

(Client's Record)

D.O.A. 04.12.2017

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

Date/Time: 08/12/2017 10:00am

Person Contacted: _____

H.O.D. Endorsement: _____

Vehicle IN OUT

| Date/Time | Action/Instruction (✓) Estimate. |
|-----------------|--------------------------------------|
| | SHB 11732P - CS/LIP 110211456 / R/S2 |
| | Public Liability x |
| 11/12/17@3:36pm | revised to Desmond Teo by email. |
| | |
| | |
| | |



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

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG17023337/K1qb

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 08-12-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|------------------|----------------|------------|
| Insured Veh. | PUBLIC LIABILITY | Veh. Inspected | SHB 4732P |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | DESMOND TEO | Assign Date | 08/12/2017 |

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

| |
|--|
| |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | | Inspection Date | 08/12/2017 |
| 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. |
|--|

Survey Department Check List (Case Handler)

Reference No.: CG/MSK/17023337/K196
 Policy Type: OD / TP / TP RES / TL / EVA

STB 4732P

Case Handler

Typist

Admin (Cather): 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 |
|--------|--------|--------|--------|
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| | | | |
| | | | |

Surveyor (K196): 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

| | | | |
|---|--|--|--|
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |
| ✓ | | | |

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

| | | | |
|---|--|--|--|
| ✓ | | | |
|---|--|--|--|

(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

| | | | |
|---|--|--|--|
| ✓ | | | |
|---|--|--|--|

Check By: [Signature] 13/12/17
 Case Handler Date

Catherine Chong (LKK Auto)

From: Desmond Teo Min Ze <desmond_tiomz@sg.msig-asia.com>
Sent: Friday, 8 December, 2017 10:12 AM
To: 'assignments@lkkauto.com'
Subject: Survey of Damaged Vehicle (SHB4732P)

Importance: High

Dear Sir/ Madam,

We refer to our tele-conversation earlier.

We would like to engage you to survey a damaged vehicle at the following details:

Vehicle Registration Number: SHB4732P
Address: 59 Loyang Drive (Singapore 508969)
Class of Claim: Public Liability (Without Prejudice Basis)

Please let us know if you need further details.

Thank you.

Desmond Teo

Assistant Executive, Claims Services (Property & Casualty)

D: +65 6643 1395 | F: +65 6643 1349 | desmond_tiomz@sg.msig-asia.com



MSIG



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 11 December, 2017 3:36 PM
To: 'Desmond Teo Min Ze'; assignments
Cc: SUR
Subject: RE: Survey of Damaged Vehicle (SHB4732P)
Attachments: CSMMSG17023337K1qb.pdf

Dear Desmond,

Enclosed herewith preliminary advice of SHB 4732P.
Kindly provide us the claim number.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Friday, 8 December, 2017 10:47 AM
To: 'Desmond Teo Min Ze' <desmond_tiomz@sg.msiga-asia.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Survey of Damaged Vehicle (SHB4732P)

Dear Desmond,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Desmond Teo Min Ze [mailto:desmond_tiomz@sg.msiga-asia.com]
Sent: Friday, 8 December, 2017 10:12 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Subject: Survey of Damaged Vehicle (SHB4732P)
Importance: High

Dear Sir/ Madam,

We refer to our tele-conversation earlier.

We would like to engage you to survey a damaged vehicle at the following details:

Vehicle Registration Number: SHB4732P
Address: 59 Loyang Drive (Singapore 508969)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 11th December 2017

Our Ref: CS/MSG17023337/K1qb

The Motor Claims Department
MSIG Insurance

Attn: Desmond Teo

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHB 4732P

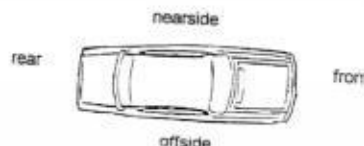
We thank you for the instruction on 08/12/2017.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 08/12/2017 at the premises of M/s COMFORTDELGRO and have the following to report:-

| | |
|--------------------------|-----------------------|
| Workshop Estimate Amount | : S\$ <u>5,738.00</u> |
| Revised Estimate Amount | : S\$ <u>3,935.20</u> |
| "Check" Items Amount | : S\$ <u>1,052.80</u> |
| Market Value | : S\$ <u>-</u> |
| LTA Reimbursement Value | : S\$ <u>-</u> |
| Nett Value | : S\$ <u>-</u> |

Description of Damage:

The vehicle sustained damages at the o/s body.



Comments/ Present Status:

Damages consistent.

We have not authorized repair.

Yours faithfully

Kalvin Ang
Automotive Assessor

周明礼
Chew Beng Lee
HP: 9818 8194

裕昇土產分銷商
RISE COMMODITY AND DISTRIBUTOR

1767 Geylang Bahru #01-02 Kallang Distripark
Singapore 339702 Tel : 6745 0571 Fax : 6746 6893
Email : risecom@singnet.com.sg

Forklift Number: F16HHV

Insurance Co : MSIG

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 | 06/12/2017 11:53 |
| Date Of Accident | 04/12/2017 18:25 |
| Exact Location Of Accident | KALLANG DISTRI PARK NEAR BLK 1767 OFF KALLANG BAHRU |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHB4732P |
| Insured/Policyholder | |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Co Reg No | 199502839G |
| 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-15072702MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ROGER YIK HOU WAI |
| NRIC No | S7706321H |
| Date Of Birth | 05/03/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/08/1996 |
| Driving Experience | 21 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | ROGERYIK@YAHOO.COM.SG |

| | |
|---|----------------------------|
| Address | BLK 232 BAIN STREET #10-19 |
| Postcode | 180232 |
| 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 | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | NO |
| 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) | 2 |

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 / Type Of Accident : 3P REVERSE

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 | F16HHV |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Nature Of Damage | NO DAMAGE |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

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.

CITYCAB PTE LTD.
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

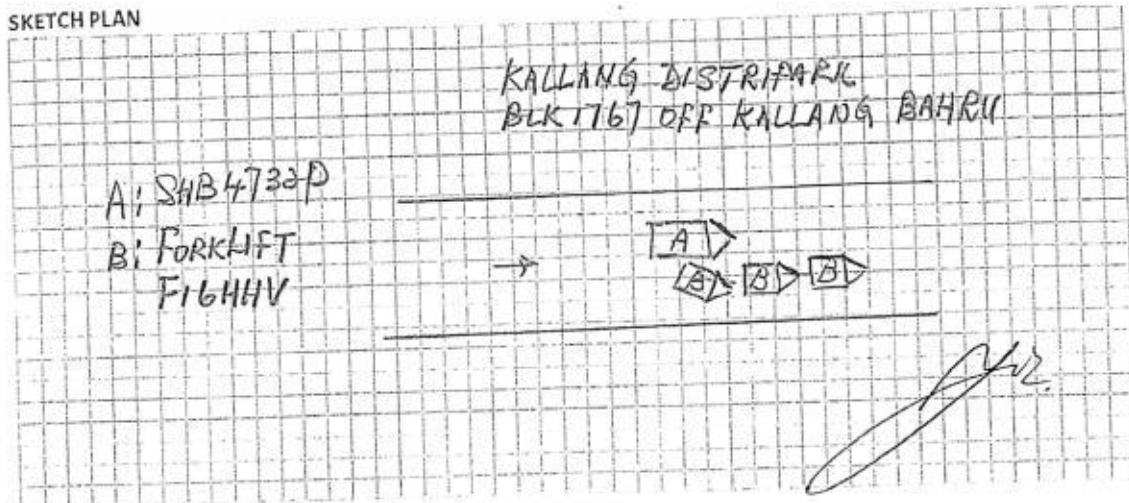
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

STANDARD FORM 100-10



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

06/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 3

[illegible]

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

Date/Time: 06.12.2017 14:32

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305095412

| | | |
|---|-----------------------------------|----------------------------------|
| OWNER CITYCAB PTE LTD IS 7010070 OWNER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 (R) 65551188 (O) (P) | REGN NO. SHB4732P | MILEAGE |
| | MAKE HYUNDAI | FUEL E.....1/2.....F |
| | MODEL I-40 | DATE/TIME IN 04.12.2017 18:25 |
| | YR OF MANU. 22.12.2016 | TARGET DATE |
| | CHASSIS CODE KMHLB41UMHU097813 | COMPLETION DATE/TIME |

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 04.12.2017

ATURE: 3P 04.12.17

| /NO | LABOR CODE | DESCRIPTION |
|-----|------------|-------------|
|-----|------------|-------------|

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist

Exit Pass

No.: SHB4732P

LIMITS

Vehicle No.:

SHB4732P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4732P

DATE 6/12/2017

MAKE :

MODEL : HYUNDAI i40

MSIG - CP/P)

R, 8/12 @ 0827 hrs.

TS

16:40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|--|---|------|------------|----------------------|------------|
| | Rear Door (RH) — <i>Part</i> | | | \$ 1,351.10 | |
| | Front Door (RH) — <i>Part</i> | | | \$ 1,403.05 | |
| | Front Door Gear / Regulator (RH) <i>Xsu</i> | | | \$ 785.50 | |
| | Front Door Power Motor <i>Xsu</i> | | | \$ 530.50 | |
| | Rocker Panel Outer Garnish (RH) <i>Part</i> | | | \$ 483.60 | |
| | <i>RH wing mirror X repair</i> | | | | |
| | SUB TOTAL | | | \$ 4,553.75 | |
| | LESS 20% | | | \$ 910.75 | |
| | DISCOUNTED TOTAL | | | \$ 3,643.00 | |
| | | | | | |
| | Rear Door Comfortdelgro & Apps Sticker (RH) — <i>Part</i> | | | \$ 80.00 | Nett |
| | Front Door Coloured Comfort Logo (RH) — <i>Part</i> | | | \$ 75.00 | Nett |
| | | | | \$ 155.00 | |
| | | | | | |
| | Labour Charge | | | | |
| | Panel Beating | | | \$ 750.00 | <i>400</i> |
| | Spray Painting Charge | | | \$ 800.00 | <i>590</i> |
| | Wiring Charge | | | \$ 50.00 | <i>X</i> |
| | Tuff Kote | | | \$ 100.00 | <i>50</i> |
| | Transfer of Door | | \$ 120.00 | \$ 240.00 | <i>100</i> |
| | <i>Tow Charge</i> | | | <i>50.00</i> | <i>—</i> |
| | TOTAL LABOUR | | | \$ 1,940.00 | |
| | | | | | |
| | ESTIMATE TOTAL | | | \$ 5,738.00 | |
| | | | | <i>5788</i> | |
| | <i>Kaluz 16/KK1</i> | | | | |
| | <i>8/12/17 1020 hrs</i> | | | | |
| | <i>3 Days</i> | | | | |
| | <i>PIP</i> | | | | |
| | <i>Before Part photo</i> | | | | |
| | <div><p>LKK Auto Consultants hence notify the Repairer of the following:</p><ul style="list-style-type: none">• To resurvey before any painting• To display a "No Survey" sign• Parts prices to be based on survey• Third party claims to be based on survey• No illegal modifications to be made on a "no basis"• Supplemental work to be based on survey and is subject to final approval by the company<p>Acknowledged by Repairer</p><p>Signature: _____</p><p>Date: _____</p></div> | | | | |
| 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. | | | | | |



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 4.12.2017 Time Received:

2. ☐ New ☐ SPARK Kakis

Name of Customer: Roger Yik

Contact No.: 98472088 / 9678223

Vehicle No.: SH84732P

Make / Model / Colour:

Email:

3. Vehicle Type:

☐ Private☒ Taxi (CTPL/CCPL)☐ Fleet☐ STK (Boon Lay)

4. Type of Towing:

☒ Normal Tow☐ King Dolly☐ Flat Bed☐ Crane-up

5. Nature of Service:

☐ Jumpstart☐ Recovery☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

7. Location:

1767 Geilang Bahru

9. Preferred Workshop:

☐ Braddell☐ Loyang☐ Pandan☐ Sin Ming☐ Sungei Kadut☐ Ubi☐ Senoko☐ Komoco (UBI / Leng Kee)☐ Cycle & Carriage (PD)☐ Others:

8. Vehicle Tow - In Workshop:

☐ Smoky Exhaust☐ Wheel Jammed☐ Overheating☐ Steering Faulty☐ Brake Faulty☐ Alternator Faulty☐ Starting Problem☐ Loss Power☒ Accident☐ Engine Stalled☐ Return Taxi

10. Odometer Reading:

113795

Fuel Level:

F 1/4 1/2 3/4 E

11. Radio / CD Player

☐ OK☐ Faulty☐ Not tested

Job Attended

12. Tow Truck / Recovery Van: ☐ VRS ☐ QA ☐ GAO ☐ TZ ☒ YISHUN TOWING ☐ OTHERS

Name of Driver:

Feng Jing Ye

Vehicle No.:

Y/P 8480P

Time Dispatch:

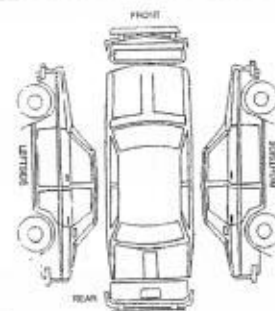
19:40

Time of Arrival:

20:10

Time Completed:

20:57

# : Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

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

WORKSHOP COF

Our Job Ref No : 305095412
Date : 12/12/17

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No : SHB4732P
Date of Accident : 04-Dec-17


Fax :


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

1. The repair job shall bill to: MSIG --- FOLKLIFT F16HHV
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$2,745.20 |
| (b) Labour Charges | \$1,190.00 |
| Total for Part-By-Part Repair Cost | \$3,935.20 |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | |
| Final Lumpsum Repair cost | |

3. Estimated normal period for repairs: 3 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 T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 12/12/17

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. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 11.12.2017

Time: 18:17:48

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305095412
REGN NO : SHB4732P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 04.12.2017 18:25
ACCIDENT DATE : 04.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|---------------------------|---|----------|-------|----------|
| 0001 04-01-0103-0592-G | DOOR FRT RH | 1 | 1,403.05 | 20.00 | 1,122.44 |
| 0002 04-01-0103-0595-G | DOOR REAR RH | 1 | 1,351.10 | 20.00 | 1,080.88 |
| 0003 04-01-0103-0810-G | ROCKER PANEL GARNISH RH | 1 | 483.60 | 20.00 | 386.88 |
| 0004 28-01-0103-0007-A | Frt Door COMFORTDELGRO RH | 1 | 75.00 | 2.00- | 75.00 |
| 0005 28-01-0103-2014-A | Rear Door APPS Sticker RH | 1 | 80.00 | 0.20 | 80.00 |

SUB-TOTAL : 2,745.20

JOB NATURE

| | | |
|-------------|------------------------------|--------|
| 0000 L | PANEL BEATING | 400.00 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 590.00 |
| 0002 20-00 | TUFF COAT ON AFFECTED PARTS. | 50.00 |
| 0003 L | TRANFER OF DOORS | 100.00 |
| 0004 23-01 | TOWING FEE | 50.00 |

SUB-TOTAL : 1,190.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.12.2017

Time: 18:17:48

REPAIR ESTIMATE

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305095412
REGN NO : SHB4732P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 04.12.2017 18:25
ACCIDENT DATE : 04.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,935.20


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO



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 | | | | |
|--|--|---------|-----------------------------|--------------------|
| MSIG INSURANCE (SINGAPORE) PTE LTD | | | Ref : CS/MSG17023337/K1qbe2 | |
| 16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581 | | | Date : 13-12-2017 | |
| | | | Code : MSG | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | PUBLIC LIABILITY | | Veh. Inspected | SHB 4732P |
| Policy No. | 26645217 | | Coverage (\$) | 0.00 |
| Claim No. | 540194 | | Excess (\$) | 0.00 |
| Assign From | DESMOND TEO | | Assign Date | 08/12/2017 |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI I40 | | c.c | 1685 |
| Engine No. | HIDDEN | | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMHU097813 | | Colour | YELLOW |
| Odometer | 113796 | | Steering | IN ORDER |
| Brakes | IN ORDER | | Modification | STANDARD ALLOY RIM |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm | |
| L/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm | |
| R/H Rear Tyre | 205/60 R16 | HANKOOK | 7 mm | |
| L/H Rear Tyre | 205/60 R16 | HANKOOK | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. | | | | |
| DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 04/12/2017 | | Inspection Date | 08/12/2017 |
| 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. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | | 3 Working Days | |



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4732P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR DOOR (RH) | DENTED | 1,351.10 | 1,351.10 |
| 1 | FRONT DOOR (RH) | DENTED | 1,403.05 | 1,403.05 |
| 1 | FRONT DOOR GEAR / REGULATOR (RH) | SERVICEABLE | 785.50 | - |
| 1 | FRONT DOOR POWER MOTOR | SERVICEABLE | 530.50 | - |
| 1 | ROCKER PANEL OUTER GARNISH (RH) | CRACKED | 483.60 | 483.60 |
| 1 | RH WING MIRROR (NPA) | TO REPAIR SEE LABOUR | - | - |
| | LESS 20% DISCOUNT | | -910.75 | -647.55 |
| | | | 3,643.00 | 2,590.20 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN) | NECESSARY | 80.00 | 80.00 |
| 1 | FRONT DOOR COLOURED COMFORT LOGO (RH) (SN) | NECESSARY | 75.00 | 75.00 |
| | | | 155.00 | 155.00 |
| LABOUR | | | | |
| | PANEL BEATING. INCLUSIVE OF THE REPAIR OF RH WING MIRROR. | | 750.00 | 400.00 |
| | SPRAY PAINTING CHARGE. | | 800.00 | 590.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | TUFF KOTE. | | 100.00 | 50.00 |
| | TRANSFER OF DOOR. | | 240.00 | 100.00 |
| | TOW CHARGE. | | 50.00 | 50.00 |
| | | | 1,990.00 | 1,190.00 |
| GRAND TOTAL | | | 5,788.00 | 3,935.20 |
| RECOMMENDED COST OF REPAIRS | | | | 3,935.20 |

Report Ref No. CS/MSG17023337/K1qbe2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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