

Surgeon: Kelvin

REF: CC3 / TMU7010634 / KH572

ASSIGNMENT

From: _____ Date: 28/2/12

Estimated Cost: _____

OD / TP DWS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBB 2494K

Policy No: _____

Claims No: _____

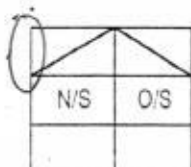
Sum Insured: _____ Excess: _____

(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: _____ 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: SHA 45014 Yr Regn: 14A, 2014

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

Truck / Trailer or

Make: Hyundai 140 cc 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 36018 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHLB44MB405618

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: 205/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 26/2/12

Survey held at (PHS (Lyons))

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

N/S Front.

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

Date / Time Action / Instruction

SHA 45014 - CC6 / TMU7010634 / KH572 DUA: 200516 T0/K2

GBB 2494K - CC6 / TMU7010634 / KH572 DUA: 190300 P/P

3/8/12 Calculated P/P \$1119.84 / 3 Rys. (Red: 1330.88 : 5470)

Date/Time, File Pass to?

18/3 Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 1119.84)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

) \$ + RS. \$

) Photos

) Others

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/TMI17014634/K1tb

20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRESINGAPORE 069046

Date : 29-07-2017



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 2494K	Veh. Inspected	SHA 4501U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/07/2017

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	26/07/2017	Inspection Date	28/07/2017
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	27/07/2017 13:56
Date Of Accident	26/07/2017 19:10
Exact Location Of Accident	SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4501U
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	KUAH KIM HAN
NRIC No	S1421939J
Date Of Birth	30/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1979
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KUAHKIMHAN@GMAIL.COM

Address	BLK 148 RIVERVALE CRESCENT #11-32
Postcode	540148
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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)	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

REFER 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	GBB2494K
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Jackson Heng
CSO

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

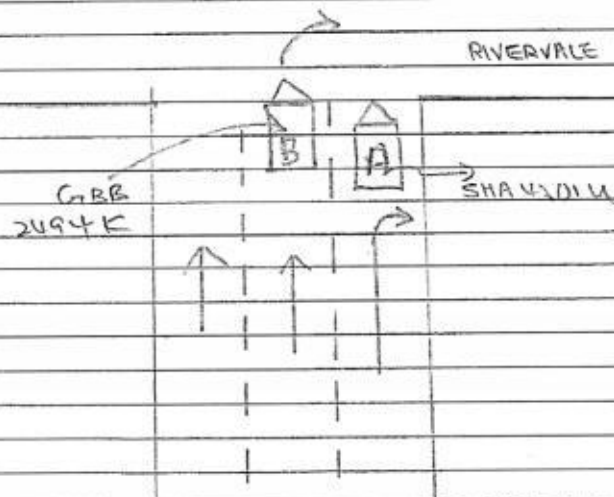
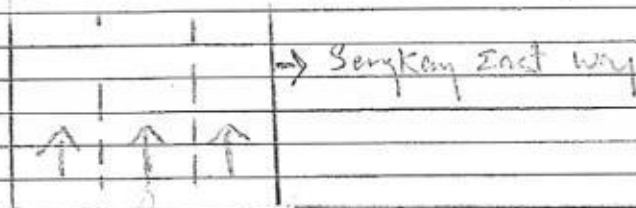
Sketch Plan

See the attach

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 26/7/2017 at about 1910 hrs I vehicle H was at the extreme right lane waiting for traffic light to turn green. while waiting vehicle B came for my left (that lane didn't show any turning) he turn and grazed against vehicle A left front portion causing the damage



Declaration

We declare the foregoing particulars are true in every respect.

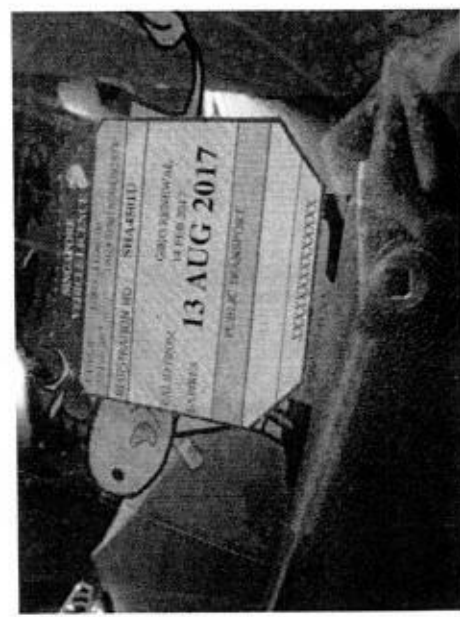
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

27/7/17
Jackson Heng
CSO

Witnessed by Reporting Centre Personnel



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	Ref. No:	
Policy No:	Date of Loss:	27/07/2017
Vehicle Reg. SHA4501U	Driveable?	YES
No.:		
Party At UNKNOWN		
Fault:		
Make/Model: HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	14/08/2014
Vehicle BLUE	Gen Condition:	GOOD
Colour:		
Engine No: D4FDEU429965	Chassis No:	KMHLB41UMEU056118
Odometer: 0 KM		
Paint Type:		
List Item 20.00 %		
Discount:		
Total Loss? NO		
Est. 4		
Duration of Repair (day)		
Present COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		
Location:		

COST OF CLAIMS	Amount
Parts	1,231.92
Miscellaneous Items	10.00
Labour	1,090.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,331.92
+ GST 7.00% (S\$)	163.23
Nett Amount (S\$)	2,495.15

This claim is handled by: JUMANI MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Aug 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/SHA4501U/03/08/2017 12:30
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		*FRT BUMPER ASSY <i>Del</i>	20.00	0.00	*562.30 FL
2	1		*FRT BUMPER GRILLE LH <i>X su</i>	20.00	0.00	*4.30 FL
3	1		*FRT FENDER LH <i>X r6-2</i>	20.00	0.00	*619.00 FL
4	1		*FRT FENDER SHIELD LH <i>X su</i>	20.00	0.00	*169.80 FL
5	1		*FRT FENDER RETAINER <i>X su</i>	20.00	0.00	*9.20 FL
6	1		*FRT WHEEL HUB CAP LH <i>X su</i>	20.00	0.00	*150.70 FL
7	1		*FRT BUMPER BRACKET LH <i>X su</i>	20.00	0.00	*24.60 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) **1,539.90**
 - List Item Discount on L Items (S\$) **307.98**

Total Parts (S\$) **1,231.92**

ComfortDelGro Engineering Pte Ltd/SHA4501U/03/08/2017 12:30. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	500.00
2	SPRAYPAINT	New	400.00
3	TUFF KOTE	New	50.00
4	FRT WHEEL ALIGNMENT.	New	80.00
Gross Labour Cost (\$\$)			1,090.00

ComfortDelGro Engineering Pte Ltd/SHA4501U/03/08/2017 12:30. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

[illegible]

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

JOB NO : 305059691
REGN NO : SHA4501U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.08.2014
DATE/TIME IN : 27.07.2017 11:35
ACCIDENT DATE : 26.07.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0578-G I40V2 COVER-FR BUMPER# 1 562.30 20.00 449.84

SUB-TOTAL : 449.84

JOB NATURE

0000 L PANEL BEATING- FRT. 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

0002 20-05 RENEW ADVERTISEMENT STICKER- 100.00

SUB-TOTAL : 660.00

TOTAL : 1,109.84

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305059691

Date : 29/07/2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4501U

Date of Accident : 26/07/2017

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

1. The repair job shall bill to: TOKIO --- GBB2494K
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$449.84

(b) Labour Charges ### \$660.00

Total for Part-By-Part Repair Cost \$1,119.84

(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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 3/8/17

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		N		
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/TMI17014634/K1TBN2

Date: 10/08/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU007506
Claimant Vehicle No :	SHA4501U	Insured Vehicle No :	GBB2494K
Date of Loss:	27/07/2017	Nature of Claim:	TP
		Claim No:	M1703953

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA4501U	Engine No:	D4FDEU430301
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU056118
Reg. Date:	14/08/2014 (Man. Year: 2014)	Odometer:	360118 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:	Average

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	1,231.92	549.84	682.08	55.37
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,090.00	560.00	530.00	48.62
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,331.92	1,119.84	1,212.08	51.98
+ GST 7.00/7.00% (S\$)	163.23	78.39	84.84	51.98
Nett Amount (S\$)	2,495.15	1,198.23	1,296.92	51.98

INSPECTION

Date of Assignment:	03/08/2017	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/07/2017	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 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: 10 Aug 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 SHA4501U)	
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		*FRT BUMPER ASSY	Deformed	562.30 FL	*562.30 FL
2	1		*FRT BUMPER GRILLE LH	Serviceable	4.30 FL	*- FL
3	1		*FRT FENDER LH	Repair	619.00 FL	*- FL
4	1		*FRT FENDER SHIELD LH	Serviceable	169.80 FL	*- FL
5	1		*FRT FENDER RETAINER	Serviceable	9.20 FL	*- FL
6	1		*FRT WHEEL HUB CAP LH	Serviceable	150.70 FL	*- FL
7	1		*FRT BUMPER BRACKET LH	Serviceable	24.60 FL	*- FL
8	1		*FRONT FENDER ADVERTISEMENT LOGO (LH)	Necessary	-	*100.00 FS

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

Sub Total (S\$)	1,539.90	662.30
- List Item Discount on L Items 20.00/20.00% (S\$)	307.98	112.46
Total Parts (S\$)	1,231.92	549.84

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	560.00	200.00
2	SPRAYPAINT	New	400.00	360.00
3	TUFF KOTE	New	50.00	-
4	FRT WHEEL ALIGNMENT.	New	80.00	-
Gross Labour Cost (\$\$)			1,090.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >