

ASS. REC. BY:

REF: CS/TM117023634/Klvbn2 Special Instruction:

Surveyor:  
Munir

Kalvin

ASSIGNMENT (Office)

From (Person): Jeffrey Tay of TML Date/Time: 13/12/01 8:57 AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SH 7555C Insured: SGA 8084 S

at Workshop m/s Comfort Delgro Tel:

of 59 Layang Drive

Policy No: MW 009081 Claim No: M1706299

Sum Insured: Excess:

Make of Veh: D.O.A. 12/12/01  
(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 7555C - CS3/TM 16000375 / R1bdl
	SGA 8084 S - x

DCA: 0501-16

Surveyor Kalvin

REF:

# 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: \_\_\_\_\_ days Res.: Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SH 7555 C Reg: 5 May 2016  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai I40 cc: 1685  
 Colour: Blue A.C. Ins: 6 Std / Nil / NA  
 Sp. Reading: 193501 T. Radio: Ins: 0 Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KM HCB 414M 44087915  
 Gen. Cond: Good / ~~P~~ / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: 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 Wet Blue  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R.Bal: 7 mm R.Bal: 7 mm  
 L.Bal: 7 mm L.Bal: 7 mm  
 D.O.A. 12/12/17 D.O.I. 13/12/17  
 Survey held at: IPGE (10745)  
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or  
o/p Body.  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time Action/ Instruction

18/12/17 1st 143965.56 / 2 hrs (Red 2837.68, 749) Tokio  
PIP

RECEIVED 13 DEC 2017

Date/Time File Pass to:

☐ : Prel. Report  
☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transaction

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date/Time File Return to:

18/12-tylist

Add Fee:

☐ Site Insd  
☐ Inter-ve  
☐ Tech. Info  
☐ Weekend

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Format:

merimen

Lump Sum / (L.B.):

965.56

250

10

260

# Survey Department Check List (Case Handler)

Reference No.: CS TM17023634 Klvb  
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

## (1) Office Assign Form

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

## Surveyor (

): 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	✓			
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Check By:

VERON

Case Handler

18/12/17

Date

\*C: Critical \*N: Non-Critical

21/05/2014




# 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/TMI17023634/K1vb		
20 MCCALLUM STREET #09-01 TOKIO MARINE CENTRESINGAPORE 069046		Date : 13-12-2017		
		Code : TMI		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SGA 8084S	Veh. Inspected	SH 7555C	
Policy No.	MW009081	Coverage (\$)	0.00	
Claim No.	M1706299	Excess (\$)	0.00	
Assign From	MERIMEN (JEFFREY TAY)	Assign Date	13/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	c.c		0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	Colour			
Odometer	-	Steering		
Brakes	Modification			
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	12/12/2017	Inspection Date	13/12/2017	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Dec 2017 19:03 <a href="#">Sendback Est</a>	12 Dec 2017 19:13 <b>S\$3,803.24</b>	13 Dec 2017 08:57 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>									
<b>Insured:</b> ANG SUNNY, Co. Reg. No.: S1661495E									
<b>Main Claimant:</b> COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R									
<b>Vehicle Reg. No.:</b> SH7555C									
<b>Date of Loss:</b> 12/12/2017 12:00 - :59									
<b>Claim Type:</b> TP / M1706299									
<b>Policy/Cover Note No.:</b> MW009081 (Comprehensive) Coverage: 02/01/2017 - 01/01/2018									
<b>Vehicle Reg. No. (Insured):</b> SGA8084S									
<b>Policy No. (Claimant):</b>									
<b>Excess:</b> S\$4,500.00									
<b>Repairer:</b> ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
<b>Handling Insurer:</b> Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Jeffrey Tay - 65926413]									
<b>Adjuster:</b> LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 22/12/2017]									
<b>ASSOCIATED MAIL RECEIVED</b>									
<a href="#">View All</a> <a href="#">Compose Case Mail</a>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b>									
<a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
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	12/12/2017 15:28
Date Of Accident	12/12/2017 12:10
Exact Location Of Accident	ARAB STREET > BEACH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7555C
<b>Insured/Policyholder</b>	
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	SIMON TNG POH KOON@LEE POH KOON
NRIC No	S1330265J
Date Of Birth	19/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1986
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	PKTNG@HOTMAIL.COM

Address	791 CHOA CHU KANG NORTH 6 #18-254
Postcode	S680791
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)	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 SEE 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	SGA8084S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ANG WEI LIE
NRIC/Passport Number	S9301038H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT REAR
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.

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

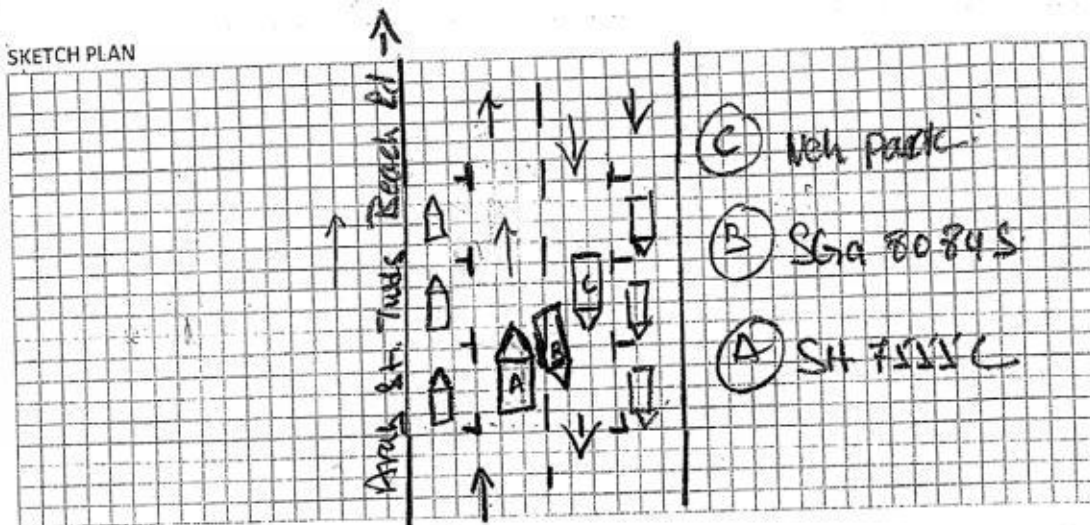
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 Dec 2017 @ 12:10 hrs I Veh A  
 was driving along Arab St toward Beach Rd along way  
 the Veh C Park on the opposite direction turn  
 North Brighton Rd. I Veh A saw vehicle coming  
 towards me by overtaking the park vehicle first 2  
 vehicle clear white waiting for them.  
 Suddenly Veh B overtake the park vehicle and  
 come close to Veh A and hit Right Front. at the  
 point of accident I Veh A ferry female passenger  
 She was OK when I CLK with her.

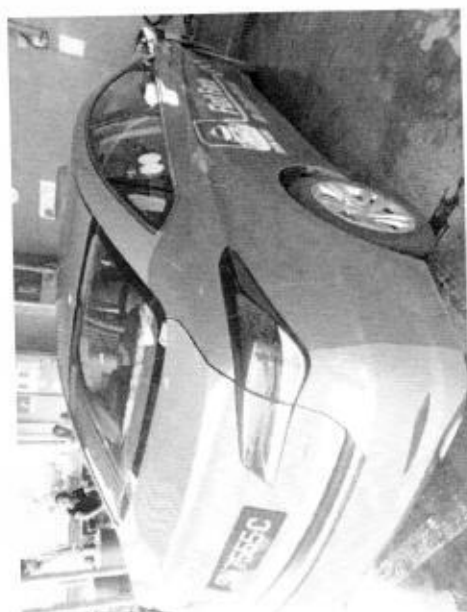
DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 198223201R

Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name:



Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.305097255

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD TOMER NO. 7010045 RESS. 383 SIN MING DRIVE Singapore SINGAPORE 575717 (P) 65508755 (P) COUNT CARD NO.	REGN NO.: SH 7555C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 12.12.2017 12:45
	YR OF MANU 05.05.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU087915	COMPLETION DATE/TIME

*Loke Marine*

accident Date: 12.12.2017  
NATURE: 3P 12.12.2017

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.: SH 7555C	LKE/KALVIN	Vehicle No.: SH 7555C	
Signature/Date	Signature/Date	Name of Service Advisor	Date
returned to Service Reception upon collection		To be kept by Security Guard	

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

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**  
CTPL

Singapore

## PARTICULARS OF CLAIM

Claim Type: THIRD PARTY  
Policy No:  
Vehicle Reg. SH7555C  
No.:  
Party At Fault: UNKNOWNRef. No:  
Date of Loss: 12/12/2017  
Driveable? YES

Make/Model: HYUNDAI I40, 1.7 D CRDI (A)

Vehicle Reg. 05/05/2016  
Date:Vehicle Colour: BLUE  
Engine No: D4FDGU614063  
Odometer: 0 KMGen Condition: GOOD  
Chassis No: KMHLB41UMGU087915Paint Type:  
List Item 20.00 %  
Discount:  
Total Loss? NO  
Est. Duration of 4  
Repair (day)

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

## COST OF CLAIMS

	Amount
Parts	2,543.24
Miscellaneous Items	10.00
Labour	1,250.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,803.24
+ GST 7.00% (S\$)	266.23
Nett Amount (S\$)	4,069.47

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 12 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/SH7555C/12/12/2017 19:13**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 FENDER RH <i>X repair</i>	20.00	0.00	*619.00 FL
2	1		*FRT FENDER SHIELD RH <i>X su</i>	20.00	0.00	*169.80 FL
3	1		*FRT FENDER RETAINER RH <i>X su</i>	20.00	0.00	*9.20 FL
4	1		*FRT DOOR RH <i>X repair</i>	20.00	0.00	*1,403.00 FL
5	1		*ROCKER PANEL OUTER GARNISH RH <i>X repair</i>	20.00	0.00	*483.60 FL
6	1		*FRT WHEEL HUB CAP RH <i>hazl</i>	20.00	0.00	*150.70 FL
7	1		*FRT DOOR COMFORT LOGO RH <i>su</i>	0.00	0.00	*75.00 F
8	1		*FRT DOOR ADVERTISEMENT LOGO RH <i>su</i>	0.00	0.00	*100.00 F
9	1		*FRT FENDER ADVERTISEMENT LOGO RH <i>su</i>	0.00	0.00	*100.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

3,110.30

- List Item Discount on L Items (S\$)

567.06

Total Parts (S\$)

2,543.24

ComfortDelGro Engineering Pte Ltd/SH7555C/12/12/2017 19:13. 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 (S\$)			10.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	560.00
2	SPRAY PAINTING CHARGE	New	400.00
3	TUFF KOTE	New	50.00
4	TRANSFER OF DOOR	New	120.00
5	FRT WHEEL ALIGNMENT	New	120.00
Gross Labour Cost (S\$)			1,250.00

ComfortDelGro Engineering Pte Ltd/SH7555C/12/12/2017 19:13. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

K96 16884  
✓ 13/2/17 1045hs  
2 Pys  
PIP  
After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey vehicle after spray painting
- To display damaged parts during resurvey
- Parts to be replaced subject to confirmation
- Third party's consent without Prejudice has to be obtained
- No illegal works to be carried out
- All repairs must be carried out as per approved repair plan from Insurance Company

Acknowledged by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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

JOB NO : 305097255  
REGN NO : SH 7555C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 05.05.2016  
DATE/TIME IN : 12.12.2017 12:45  
ACCIDENT DATE : 12.12.2017

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 L 150.70 20.00 120.56  
0002 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 1 N 75.00 2.00- 75.00

SUB-TOTAL : 195.56

## JOB NATURE

0000 20-05 RENEW ADVERTISEMENT STICKER- 200.00  
0001 L MERIMEN CHARGE 10.00  
0002 L PANEL BEATING 200.00  
0003 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

SUB-TOTAL : 770.00

TOTAL : 965.56

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305097255  
Date : 14/12/17

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

## FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. : SH7555C CTPL

Fax :

12.12.17

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

1. The repair job shall bill to: TOKIO MARINE --- SGA8084S
2. The finalized amount shall be:
 


(a) Spare Parts after List discount	\$195.56
(b) Labour Charges	\$770.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$965.56</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
<b>Final Lumpsum Repair cost</b>	<b></b>


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 ANG  
Date : 18/12/17

### 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:

\_\_\_\_\_  
\_\_\_\_\_

## 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/TMI17023634/K1VBN2

Date: 26/12/2017

**REFERENCE**

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MW009081
Claimant Vehicle No :	SH7555C	Insured Vehicle No :	SGA8084S
Date of Loss:	12/12/2017	Nature of Claim:	TP
		Claim No:	M1706299

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

Reg No:	SH7555C	Engine No:	D4FDGU614063
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU087915
Reg. Date:	05/05/2016 (Man. Year: 2016)	Odometer:	193501 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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	2,543.24	395.56	2,147.68	84.45
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,250.00	560.00	690.00	55.20
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (\$\$)</b>	<b>3,803.24</b>	<b>965.56</b>	<b>2,837.68</b>	<b>74.61</b>
<b>+ GST 7.00/7.00% (\$\$)</b>	<b>266.23</b>	<b>67.59</b>	<b>198.64</b>	<b>74.61</b>
<b>Nett Amount (\$\$)</b>	<b>4,069.47</b>	<b>1,033.15</b>	<b>3,036.32</b>	<b>74.61</b>

**INSPECTION**

Date of Assignment:	13/12/2017 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	13/12/2017 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: VERON CHEN

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

<b>Part Source:</b> MRM-SG	<b>Version:</b> 1.0 (Last Synchronised: 26 Dec 2017)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SH7555C)	
<b>Validity:</b>	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
<b>Further Info:</b>	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 FENDER RH	Repair	619.00 FL	*- FL
2	1		*FRT FENDER SHIELD RH	Serviceable	169.80 FL	*- FL
3	1		*FRT FENDER RETAINER RH	Serviceable	9.20 FL	*- FL
4	1		*FRT DOOR RH	Repair	1,403.00 FL	*- FL
5	1		*ROCKER PANEL OUTER GARNISH RH	Repair	483.60 FL	*- FL
6	1		*FRT WHEEL HUB CAP RH	Grazed	150.70 FL	*150.70 FL
7	1		*FRT DOOR COMFORT LOGO RH	Necessary	75.00 F	*75.00 FS
8	1		*FRT DOOR ADVERTISEMENT LOGO RH	Necessary	100.00 F	*100.00 FS
9	1		*FRT FENDER ADVERTISEMENT LOGO RH	Necessary	100.00 F	*100.00 FS

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

<b>Sub Total (\$\$)</b>	<b>3,110.30</b>	<b>425.70</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>567.06</b>	<b>30.14</b>
<b>Total Parts (\$\$)</b>	<b>2,543.24</b>	<b>395.56</b>

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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	560.00	200.00
2	SPRAY PAINTING CHARGE	New	400.00	360.00
3	TUFF KOTE	New	50.00	-
4	TRANSFER OF DOOR	New	120.00	-
5	FRT WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (\$\$)			1,250.00	560.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;