

Surveyor **Kalvin**

REF:

CC3/TMU7023862/Klvbn2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured **GBG 5265J**
 Policy No: **mu009581**
 Claims No: **m1706369**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____



(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: **SHC 7639B** Reg: **8 July 2017**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai Santa** No: **124**
 Colour: **Yellow** A/C: **Ins** / **Good** / **Std** / **Nil** / **NA**
 So Reading: **19 5281** T Radio: **Ins** / **Good** / **Std** / **Nil** / **NA**
 Eng No: _____
 C No: **1KAHET41VABAB13708**
 Gen. Cond: **Good** / **FE** / **Poor** / **Burnt**
 Steering: **Inorder** / **Jammed** / **Leaked** / **Burnt** or
 Brake: **Inorder** / **Jammed** / **Leaked** / **Burnt** or
 Mod: **Nil** / **S/Rim** / **STD** / **Rim** or
 Tyre Size: F: **215/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSH / 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. 15/12/17	D.O.A. 15/12/17

 Survey held at: **COHE (67mg)**
 Des. of Damages: **Frt** / **Rear** / **O/S** / **N/S** / **U/C** / **Roof** or
N/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date Time Action / Instruction

SHC 7639B - CC3/ALG12009173/H1A232
GBG 5265J - X

DUT: 050512 To Kro
C/S

18/10/17 Email GIA to Shirley
18/12/17 Cabal 4s \$800 / 2 Pys. (Red 1015.92, 5590)

RECEIVED 20 DEC 2017

Date/Time File Pass to? ☐ : Prel. Report
☐ : Final Report
 Date/Time File Return to?

Days Of Repair: **2**
 Resurvey No. of Trip: **1**

Survey Fee
 Transportation

20/12- typist

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech \$
☐ Weekend \$

Photo
 Other

Report Format: **merimen**
 Lump Sum / I.B. / S: **800p**

250
10
260

Survey Department Check List (Case Handler)

Reference No.: CC3/TMI 17023862/Kvb
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	✓			
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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	✓			
---	-------------------------	---	--	--	--

Check By: VERON 20/12/17
Case Handler 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 : CC3/TMI17023862/K1vb

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 15-12-2017

Code : TMI



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBG 5265J	Veh. Inspected	SHC 7639B
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/12/2017

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	15/12/2017	Inspection Date	15/12/2017
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.
--

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	15 Dec 2017 Sendback Est	15 Dec 2017 18:42 S\$1,815.92	18 Dec 2017 09:00 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAILS				
Insured:	MQ ENTERPRISE, Co. Reg. No.: 53258279M			
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G			
Vehicle Reg. No.:	SHC7639B	Date of Loss:	15/12/2017 10:00 - :59	
Claim Type:	TP / M1706369	Policy/Cover Note No.:	MU009581 Coverage: 28/08/2017 - 27/08/2018	
Vehicle Reg. No. (Insured):	GBG5265J	Policy No. (Claimant):		
		Excess:	S\$750.00	
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 Telma Gomez - 65926402]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 28/12/2017]			
Driver/Custodian (Insured):	NG JUI MUAH (30 / Female), NRIC: S2642272H			
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.				

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 18 December, 2017 8:42 AM
To: Too Joon Hwa
Cc: SUR; priscilla@tokiomarine.com.sg
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD DOA: 15/12/2017, SHC 7639B (TP VEHICLE), GBG 5265J (OI VEHICLE)
Attachments: EST.pdf, GIA.pdf

Dear Shirley,

Please be informed that we had inspected the vehicle SHC 7639B M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 15/12/2017.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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	15/12/2017 12:19
Date Of Accident	15/12/2017 10:10
Exact Location Of Accident	DRIVEWAY OF MIDVIEW CITY TOWARDS SIN MING LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7639B
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	SONATA

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	TAN KOK CHOON
NRIC No	S1423175G
Date Of Birth	26/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E Mail Address	KOKCHOONTAN@GMAIL.COM

Address	BLK 756 YISHUN STREET 72 #09-260
Postcode	760756
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?	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

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	GBG5265J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NG JUI MUAH
NRIC/Passport Number	S2642272H
Contact Number	97660938
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT RIGHT
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

Lim Ee Soon
CSO

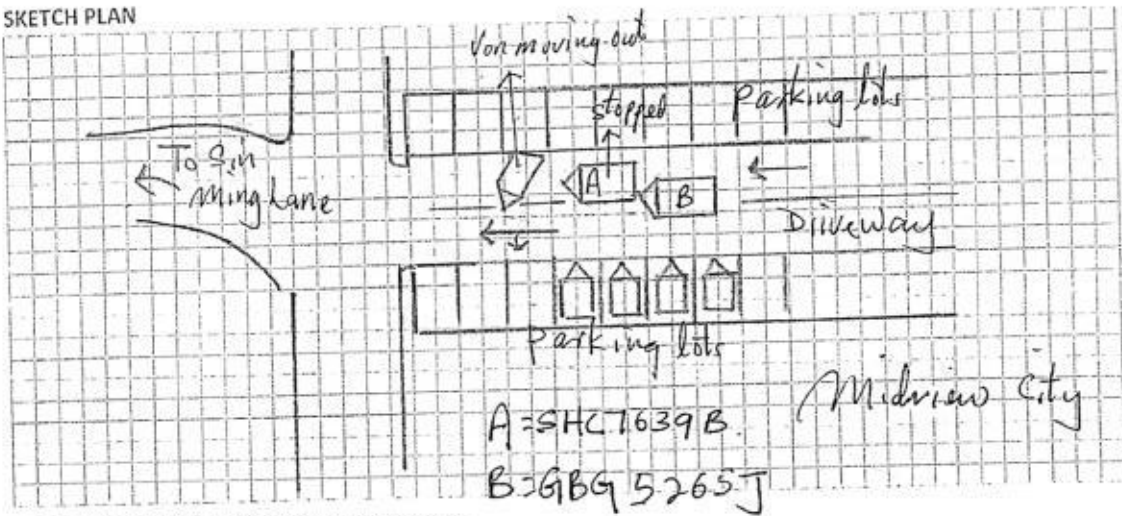
Policyholder's Signature
Date & Time:

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

A 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:

Lim Ee Soon
CSO

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

CITYCAB Sketch Plan Form v2.0

SHC 7639 B

- ACCIDENT STATEMENT

This morning (15/12/2017), after a female passenger boarded my taxi at Midview City, I set to move off towards the main road(Sin Ming Lane).

As seen in the video footage, while I followed behind other cars on the driveway moving towards the exit, I had to halt my taxi to avoid a van that moved out abruptly from a parking lot disregarding my approaching car.

It was under such situation vehicle B(GBG 5265J) behind hit into the rear of my taxi.

I took photos at the scene following the accident.

I found the rear left portion of my taxi was dented in the collision while vehicle B, a van, sustained damage to its front right portion.

No report of injury.

I affirmed the above-statement is true and correct.



Driver name : Tan Kok Choon
NRIC NO : S 1423175G
Date: 15/12/2017

Recorded by Alex Lim



COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

TOKIO Marine
LKK

ComfortDelGro Engineering Pte Ltd

225 Bras Basah Road Singapore 179571
Tel: 65 6382 0280 Fax: 65 6382 0735

Workshops:

52 Payong Drive Singapore 608265

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 570266

32915 Road Singapore 608445

24 Serangoon Road Singapore 738158

7 Sungai Kadut Way Singapore 728791

8 Delfi Avenue 1 Singapore 539557

Date/Time: 15.12.2017 12:49

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO 305098170

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHC7639B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 15.12.2017 11:05
	YR OF MANU. 08.07.2011	TARGET DATE
	CHASSIS CODE RMHET41VMBA813708	COMPLETION DATE/TIME:

IDENT CARD NO.

JOB DESCRIPTION

Accident Date: 15.12.2017
NATURE: 3P 15.12.17

NO	LABOR CODE	DESCRIPTION
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Rear CH

KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Id.: SHC7639B

LIMITS

Vehicle No.: SHC7639B

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 : SHC 7639B

MAKE :

MODEL : HYUNDAI SONATA

Tokio Marine - CLS) TC

Tyre : Westlake

DATE 15/12/2017 14:43

LKK - kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper X repair			\$ 578.40	
	Rear Bumper Clip X 1			\$ 22.00	
	Rear Bumper Protector (LH) X repair			\$ 38.00	
	Tail Lamp (LH) — 1			\$ 344.00	
	SUB TOTAL			\$ 982.40	
	LESS 20%			\$ 196.48	
	DISCOUNTED TOTAL			\$ 785.92	
	Rear Bumper Rubber Mat — 1			\$ 50.00	Nett
	Rear Bumper Advertisement Logo — 1			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) — 1	\$	100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 350.00 200	
	Spray Painting Charge			\$ 200.00 180	
	Wiring Charge			\$ 50.00 20	
	Remove/Refix Reverse Sensor			\$ 120.00 X 2	
	TOTAL LABOUR			\$ 720.00	
	ESTIMATE TOTAL			\$ 1,805.92	

Kalvin LKK

15/12/17 15:40 hrs

2 Days

45

After Repair photo

LKK Auto Consultants hereby notify the Reparer of the following:

- To resurvey before spray painting
- To display damaged part during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary claims must be resurveyed and is subject to final approval from insurance company

Acknowledged by Reparer
 Signatures
 Date:

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.

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)59 Loyang Drive
Singapore 508969
Tel: 6214 8300**TP INSURER:****Tokio Marine Insurance Singapore Ltd (HQ)****CCPL**

Singapore

PARTICULARS OF CLAIM

Claim Type: Third Party

Policy No:

Vehicle Reg. No.: **SHC7639B**

Party At Fault: UNKNOWN

Ref. No:

Date of Loss: 15/12/2017

Driveable? NO

Make/Model: HYUNDAI SONATA, 2.0 D CRDi Turbo (NF)
(A)Vehicle Reg. 08/07/2011
Date:

Vehicle Colour: Yellow

Gen Condition: Good

Engine No: D4EAB976298

Chassis No: KMHET41VMBA813708

Odometer: 0 KM

Paint Type:

List Item 20.00 %

Discount:

Total Loss? **NO**

Est. Duration of 3

Repair (day)

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

	Amount
Parts	1,085.92
Miscellaneous Items	10.00
Labour	720.00
Paintwork Labour	0.00
Towing	0.00

Gross Total (S\$)	1,815.92
+ GST 7.00% (S\$)	127.11
Nett Amount (S\$)	1,943.03

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 15 Dec 2017)

Parts: 143 HYUNDAI SONATA 2.0 D CRDI Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHC7639B/15/12/2017 18:42

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount	
1	1		*REAR BUMPER R	20.00	0.00	*578.40 FL	X
2	10		*REAR BUMPER CLIPS nn	20.00	0.00	*22.00 FL	X
3	1		*REAR BUMPER PROTECTOR LH R	20.00	0.00	*38.00 FL	X
4	1		*TAILLAMP LH cra	20.00	0.00	*344.00 FL	
5	1		*REAR BUMPER MAT nec	0.00	0.00	*50.00 F	
6	1		*REAR BUMPER ADVERTISEMENT STICKER nec	0.00	0.00	*50.00 F	
7	2		*REAR FENDER ADVERTISEMENT STICKER RH/LH nec	0.00	0.00	*200.00 F	

F=Franchise part, L=ListItemDisc.

Sub Total (S\$) 1,282.40

- List Item Discount on L Items (S\$) 196.48

Total Parts (S\$) 1,085.92

ComfortDelGro Engineering Pte Ltd/SHC7639B/15/12/2017 18:42. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	350.00
2	SPRAY PAINTING	New	200.00
3	WIRING CHECK	New	50.00
4	R/I REVERSE SENSOR	New	120.00
Gross Labour Cost (\$\$)			720.00

200
180
20
X

ComfortDelGro Engineering Pte Ltd/SHC7639B/15/12/2017 18:42. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305098170

Date : 18/12/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC7639B

Date of Accident : 15-Dec-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 --- GBG5265J

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: 20%

Final Lumpsum Repair cost

\$800.00

\$800.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

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: CC3/TMI17023862/K1VBN2

Date: 28/12/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU009581
Claimant Vehicle No :	SHC7639B	Insured Vehicle No :	GBG5265J
Date of Loss:	15/12/2017	Nature of Claim:	TP
		Claim No:	M1706369

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC7639B	Engine No:	D4EAB976298
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMBA813708
Reg. Date:	08/07/2011 (Man. Year: 2011)	Odometer:	195281 km
Colour:	Yellow		
Engine Capacity:	1991 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:	215/60R16	Rear Tyre Size:	215/60R16
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	1,085.92	575.20	510.72	47.03
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	720.00	400.00	320.00	44.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	1,815.92	985.20	830.72	45.75
Approved Total (Overridden) (\$\$)		800.00		
(\$\$)	1,815.92	800.00	1,015.92	55.95
+ GST 7.00/7.00% (\$\$)	127.11	56.00	71.11	55.94
Nett Amount (\$\$)	1,943.03	856.00	1,087.03	55.95

INSPECTION

Date of Assignment:	18/12/2017 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	15/12/2017 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

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 28 Dec 2017)
Parts:	143	HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC7639B)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*REAR BUMPER	Repair	578.40 FL	*-FL
2	10	*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*-FL
3	1	*REAR BUMPER PROTECTOR LH	Repair	38.00 FL	*-FL
4	1	*TAILLAMP LH	Cracked	344.00 FL	*344.00 FL
5	1	*REAR BUMPER MAT	Necessary	50.00 F	*50.00 FS
6	1	*REAR BUMPER ADVERTISEMENT STICKER	Necessary	50.00 F	*50.00 FS
7	2	*REAR FENDER ADVERTISEMENT STICKER RH/LH	Necessary	200.00 F	*200.00 FS
				Sub Total (S\$)	1,282.40 644.00
				- List Item Discount on L Items 20.00/20.00% (S\$)	196.48 68.80
				Total Parts (S\$)	1,085.92 575.20

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

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 (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING	New	200.00	180.00
3	WIRING CHECK	New	50.00	20.00
4	R/I REVERSE SENSOR	New	120.00	-
Gross Labour Cost (S\$)			720.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >