

STANDARD

Kalin

REF:

CC3/TM17024157/K1952

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: YK 1970P

Policy No. MV00747

Claims No. M1706406

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SHC 38724

Yr Regn: Feb 2015

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

Truck / Trailer or

Make: Hyundai 240 cc 1685

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 431083

T. Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLP41UMF40 64587

Gen. Cond: Good / Fair / 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 / 60 R16

R: _____

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

TOYO / YOKO or

Hankook

Front

R/Bal: 2

mm

Rear

R/Bal: 2

mm

L/Bal: 2

mm

L/Bal: 2

mm

D.O.A: 19/12/17

D.O.I: 20/12/17

Survey held at

Coke (Loyang)

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

Rear

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

Date / Time Action / Instruction

SHC 38724 - CC3 / AT16018825 / H1104352

YK 1970P - NJA / INC D8011749 / jyl

DOA: 021016

Tokio

DA: 080908

PIP

26/12/17 Gained PIP \$975.70 / 2ply (Red \$1685.88, 63%)

RECEIVED 27 DEC 2017

Date/Time File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + R \$

Phone:

Total:

Report Format:

Lump Sum / I.B.I. (\$) 975.70

Add Fee:

☐ Site Insp \$
☐ Interview \$
☐ Tech. Invs \$
☐ Weekend \$

250

10

Survey Department Check List (Case Handler)

Reference No. : C23/M117024571/1496
Policy Type: OD / TP / TP RES / TL / EVA

SAC 38724

Case Handler

Typist

Admin (Cathy): 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
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
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<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Surveyor (Calvin)

: 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

<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
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<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>			
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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

<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

<input checked="" type="checkbox"/>			
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Check By: Calvin

Case Handler

Date



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/TMI17024157/K1qb

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 20-12-2017



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YK 1970P	Veh. Inspected	SHC 3872U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/12/2017

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	19/12/2017	Inspection Date	20/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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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	19/12/2017 15:32
Date Of Accident	19/12/2017 09:05
Exact Location Of Accident	YISHUN AVE 1 TWDS YISHUN TOWN ALONG THE BRIDGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3872U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	LEO TONG HUA
NRIC No	S7338612H
Date Of Birth	19/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1993
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 418 WOODLANDS STREET 41 #13-121
Postcode	730418
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES EAST NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20171219/2069

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	YK1970P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SEKAR PALANIAPPAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LEO TONG HUA
Approximate Age	44
Injuries Sustain	PAIN TO NECK AND BACK. ON 3 DAYS MC.
Injured person in which vehicle?	
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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 193203321R

Policyholder's Signature
Date & Time:

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

19/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

As per attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report T/20171219/2069

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
NO. 191200301R

Policyholder's Signature
Date & Time:

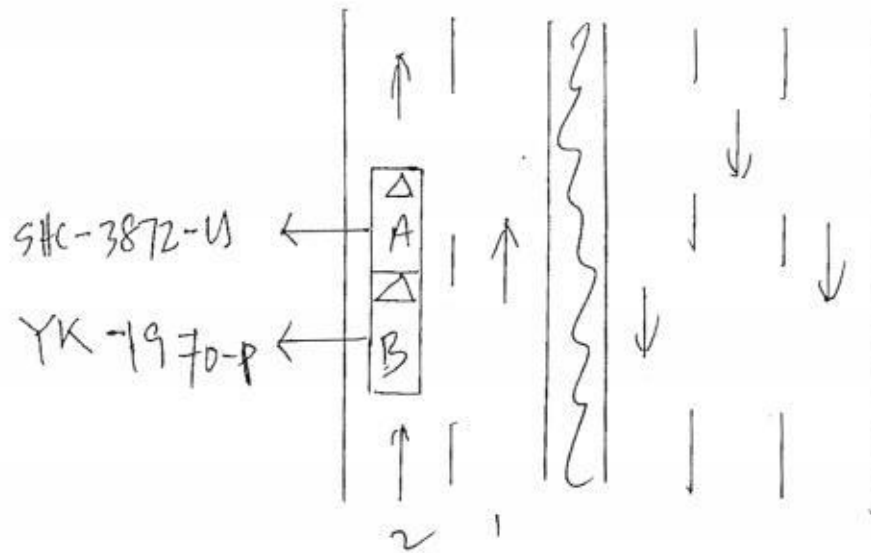
Driver's Signature
(If driver is not the policyholder)
Date & Time:

19/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIATMAC SketchPlanForm_V3



Yishun Ave



LEO TONG 174A

S7338612H

See.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20171219/2069

1 of 3

Report No. T/20171219/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2017 13:28	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: LEO TONG HUA		Address: APT BLK 418 WOODLANDS STREET 41 #13-121 SINGAPORE 730418	
ID Type / ID No.: NRIC NO / S7338612H		Contact No.: Home/Office: Mobile: 92375229	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 19/10/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2017 09:05	Type of Location:
Location: Along Road 1 YISHUN AVENUE 1				
Towards Yishun (On Yishun Dam)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3872U	Car					0
YK1970P	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20171219/2069

2 of 2

Report No. T/20171219/2069

CONTINUATION OF REPORT

Driver			
Name	LEO TONG HUA	ID No.	S7338612H
Related Vehicle	SHC3872U (Car)	Contact No.	92375229
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/12/2017	Date Discharge	19/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date time and location, while driving along on lane 2 of a 2 lane road along Yishun Avenue 1 towards Yishun, the vehicle ahead of me suddenly Jam-brake and I follow suite. Moments later, I felt a bang on the rear of my vehicle and discovered another vehicle (YK1970P) had collided onto the rear. The impact cause some scratches and dent at the rear of my boot.

Afterwhich we alight and exchange particulars and as no one was injured, no ambulance or police was called and my passenger (1 female Chinese) inform she was find and thus I sent her to her destination subsequently.

I then felt unwell and proceed to the said clinic and was given a 3 days MC for neck and back stiffness. I wish to state that my onboard CCTV is working and I also did not noticed the said vehicle approaching from my rear.

The driver particulars is:
Sekar Palaniappan
G2177392T



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20171219/2069

3 of 3

Report No. T/20171219/2069

CONTINUATION OF REPORT

Sketch Plan

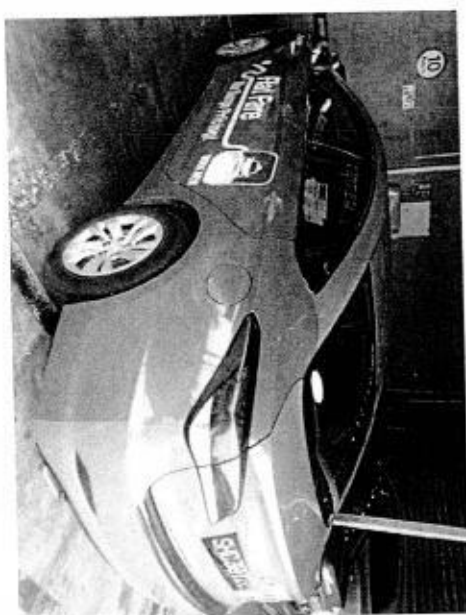
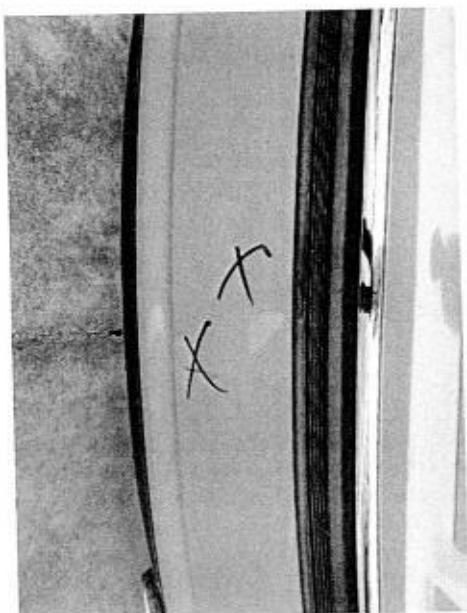
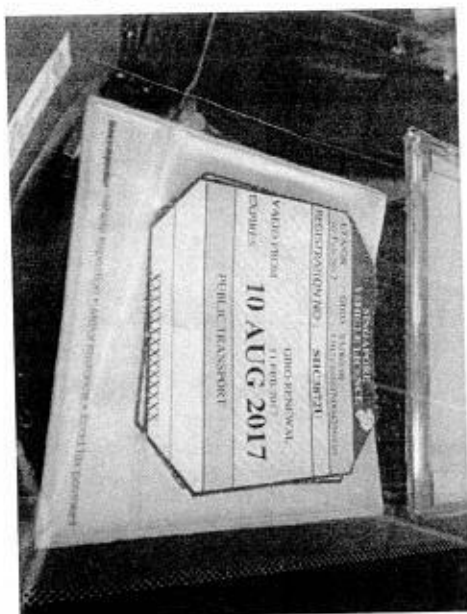
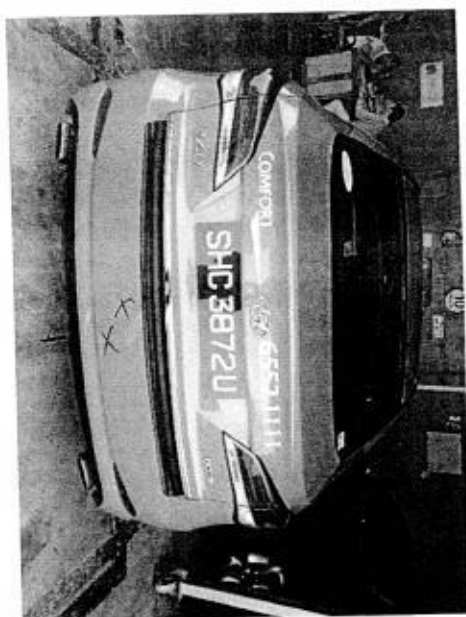
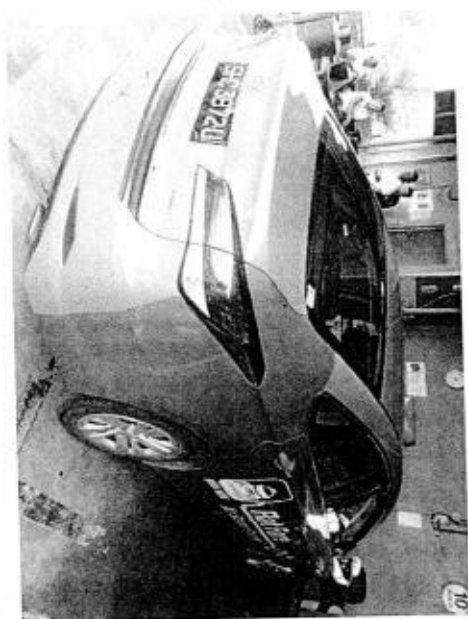
Informant is not able to provide sketch plan

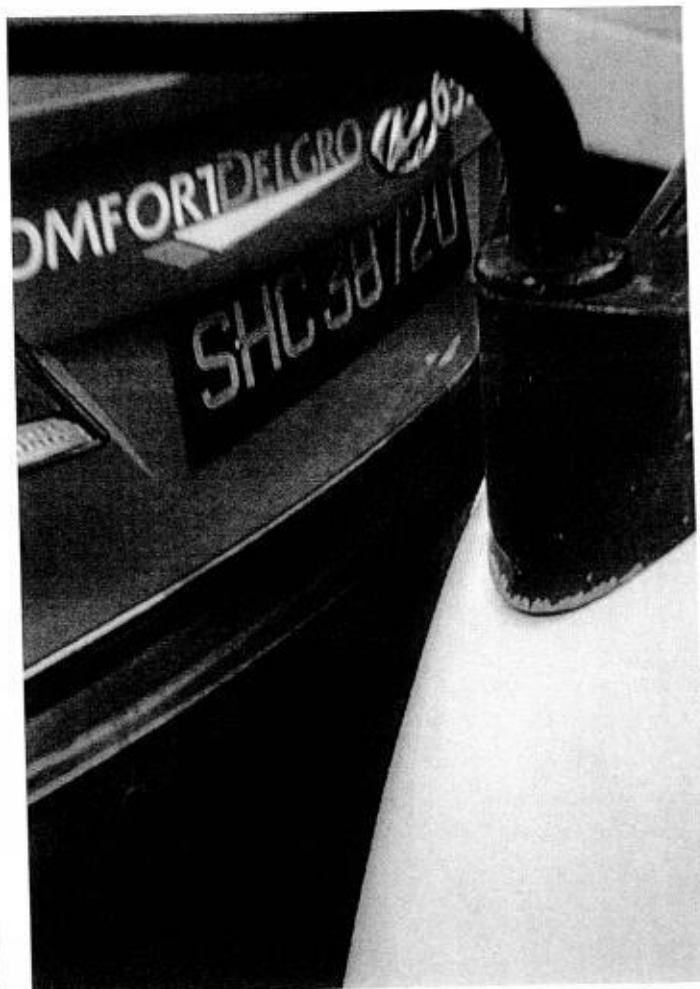
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 HO CHUN HAO, PATRICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2017 13:28
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE



**SINGAPORE
POLICE FORCE**





Sam: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305099489

OMER
IS COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO.
LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R)
(P)

REGN NO. SHC3872U	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 19.12.2017 14:20
YR OF MANU. 11.02.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU064587	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 19.12.2017
ATURE: 3P 19.12.2017

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC3872U

LKE/KALVIN

Vehicle No.:

SHC3872U

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
REPAIR ESTIMATE*

VEHICLE NO : SHC 3872U

MAKE :

MODEL : HYUNDAI i40

DATE 20/12/2017 10:22

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X su</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X su</i>			\$ 49.00
	Rear Bumper Clips <i>X 11</i>			\$ 22.00
	Rear Bumper Sponge <i>X su</i>			\$ 143.40
	Rear Bumper Under Cover <i>14</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor <i>shld</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>rec</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>rec</i>		\$ 100.00	\$ 200.00
				\$ 385.70
	Labour Charge			
	Panel Beating			\$ 380.00 <i>240</i>
	Spray Painting Charge			\$ 200.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>X 11</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	<i>Merimon Fee</i>			10
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,661.58

Kalvi 16/12/17
20/12/17 1105hr
2041
P/P
After Repair Lab

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

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)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY
Policy No:
Vehicle Reg. No.: SHC3872U
Party At Fault: UNKNOWN

Ref. No:
Date of Loss: 19/12/2017
Driveable? YES

Make/Model: HYUNDAI I40, 1.7 D CRDI (A)
Vehicle Colour: BLUE
Engine No: D4FDEU475081
Odometer: 0 KM

Vehicle Reg. Date: 11/02/2015
Gen Condition: GOOD
Chassis No: KMHLB41UMFU064587

Paint Type:
List Item Discount: 20.00 %
Total Loss? NO
Est. Duration of Repair (day) 3

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

	Amount
Parts	1,950.78
Miscellaneous Items	10.00
Labour	750.00
Paintwork Labour	0.00
Towing	0.00

Gross Total (S\$) 2,710.78
+ GST 7.00% (S\$) 189.75
Nett Amount (S\$) 2,900.53

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 20 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/SHC3872U/20/12/2017 18:07

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	20.00	0.00	*603.60 FL XR
2	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*504.35 FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH	20.00	0.00	*180.00 FL } gvc
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH	20.00	0.00	*180.00 FL
5	1		*REAR BUMPER SIDE BRACKET LH	20.00	0.00	*49.00 FL
6	1		*REAR BUMPER SIDE BRACKET RH	20.00	0.00	*49.00 FL
7	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 F XNM
8	1		*REAR BUMPER SPONGE	20.00	0.00	*143.40 FL XGVC
9	1		*REAR BUMPER UNDER COVER	20.00	0.00	*225.00 FL CUT ✓
10	1		*REAR BUMPER REVERSE SENSOR	0.00	0.00	*135.70 F started
11	1		*REAR BUMPER RUBBER MAT	0.00	0.00	*50.00 F nec
12	1		*REAR FENDER ADVERTISEMENT LOGO LH	0.00	0.00	*100.00 F nec
13	1		*REAR FENDER ADVERTISEMENT LOGO RH	0.00	0.00	*100.00 F nec

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) 2,342.05

- List Item Discount on L Items (S\$) 391.27

Total Parts (S\$) 1,950.78

ComfortDelGro Engineering Pte Ltd/SHC3872U/20/12/2017 18:07. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

10.00

Sub Total (S\$)

10.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

200

380.00

2 SPRAY PAINTING CHARGE

New

150

200.00

3 WIRING CHARGE

New

50.00 xnn

4 REMOVE/REFIX REVERSE SENSOR

New

20

120.00

Gross Labour Cost (S\$)

750.00

ComfortDelGro Engineering Pte Ltd/SHC3872U/20/12/2017 18:07. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305099489
Date : 25/12/17

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No : SHC3872U CTPL

Fax :
19.12.17

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

1. The repair job shall bill to: TOKIO MARINE --- YK1970P
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$365.70
(b) Labour Charges	\$610.00
Total for Part-By-Part Repair Cost	\$975.70
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	


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 : K. Chin
Date : 26/12/17

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:

REPAIR ESTIMATE

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

JOB NO : 305099489
REGN NO : SHC3872U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.02.2015
DATE/TIME IN : 19.12.2017 14:20
ACCIDENT DATE : 19.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	225.00	20.00	180.00
0002 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	2.00-	135.70
0003 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	0.20	50.00
SUB-TOTAL :					365.70

JOB NATURE

0000 20-05	RENEW ADVERTISMENT STICKER-	200.00
0001 L	MERIMEN CHARGE	10.00
0002 L	PANEL BEATING	200.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0004 20-22	REMOVE/REFIX REVERSE SENSOR	20.00
SUB-TOTAL :		610.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 20.12.2017

Time: 18:24:54

Page: 2

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

JOB NO : 305099489
REGN NO : SHC3872U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.02.2015
DATE/TIME IN : 19.12.2017 14:20
ACCIDENT DATE : 19.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 975.70

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	20 Dec 2017 17:57 Sendback Est	20 Dec 2017 18:07 S\$2,710.78	21 Dec 2017 10:37 Edit Adj Rpt	S\$975.70 Edit Estimates	S\$975.70 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: CTPL, Co. Reg. No.: 199303821R									
Main Claimant: CTPL									
Vehicle Reg. No.: SHC3872U		Date of Loss:	19/12/2017 09:00 - :59						
Claim Type: TP / M1706406		Policy/Cover Note No.:	MV002497 (Third Party Only) Coverage: 01/04/2017 - 31/03/2018						
Vehicle Reg. No. (Insured): YK1970P		Policy No. (Claimant):							
		Excess:	S\$0.00						
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 Zheng Hanyang - 65926416]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 03/01/2018]									
ASSOCIATED MAIL RECEIVED			View All	Compose Case Mail					
There are no mail for this case.									
ALL ASSOCIATED TASKS									
<div> View All Search Tasks Create New Task Complete </div>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

SHC3872U (M1706406)
[YK1970P]

TP

CTPL

Dec 19 2017 9:00AM

[CTPL]

ComfortDelGro Engineering Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		View Use Viewer	
Assessment Reports						1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)				Thumbnail	Print
1	20/12/17 18:07	Repairer Estimates				1	Load HTM
Photos/Images						3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print
1	21/12/17 16:45	General View				1	Load JPG
2	21/12/17 16:45	General View				1	Load JPG
3	21/12/17 16:45	General View				1	Load JPG
4	21/12/17 16:45	General View				1	Load JPG
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6	21/12/17 16:45	General View				1	Load JPG
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21	22/12/17 17:25	Reinspection Photo				1	Load JPG
22	22/12/17 17:25	Reinspection Photo				1	Load JPG
23	22/12/17 17:25	Reinspection Photo				1	Load JPG
24	22/12/17 17:25	Reinspection Photo				1	Load JPG
Documentation						1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)				Thumbnail	Print
1	28/12/17 11:04	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee				1	Load PDF
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)				Thumbnail	Print
1	20/12/17 18:11	E-filed GIA report				1	Load PDF

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
Show Remarks To: <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer Note: Remarks are private unless you show it to other parties.				

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/TMI17024157/K1QBS2

Date: 28/12/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MV002497
Claimant Vehicle No :	SHC3872U	Insured Vehicle No :	YK1970P
Date of Loss:	19/12/2017	Nature of Claim:	TP
		Claim No:	M1706406

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC3872U	Engine No:	D4FDEU475081
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMFU064587
Reg. Date:	11/02/2015 (Man. Year: 2014)	Odometer:	431083 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:	Fair	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:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,950.78	565.70	1,385.08	71.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	750.00	400.00	350.00	46.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,710.78	975.70	1,735.08	64.01
+ GST 7.00/7.00% (S\$)	189.75	68.30	121.45	64.01
Nett Amount (S\$)	2,900.53	1,044.00	1,856.53	64.01

INSPECTION

Date of Assignment:	21/12/2017 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	20/12/2017 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days	

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 28 Dec 2017)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC3872U)	
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	603.60 FL	*- FL
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	1	*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	180.00 FL	*- FL
4	1	*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	180.00 FL	*- FL
5	1	*REAR BUMPER SIDE BRACKET LH	Serviceable	49.00 FL	*- FL
6	1	*REAR BUMPER SIDE BRACKET RH	Serviceable	49.00 FL	*- FL
7	10	*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
8	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
9	1	*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
10	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 F	*135.70 F
11	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 F	*50.00 F
12	1	*REAR FENDER ADVERTISEMENT LOGO LH	Necessary	100.00 F	*100.00 F
13	1	*REAR FENDER ADVERTISEMENT LOGO RH	Necessary	100.00 F	*100.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	2,342.05	610.70
- List Item Discount on L Items 20.00/20.00% (\$\$)	391.27	45.00
Total Parts (\$\$)	1,950.78	565.70

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	380.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			750.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >