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Claims No. M	11706462		Good   For   Poor   Burr		
Sum Insured.	Excess	i careaman u	order / Jammed / Leaked		
(Client's Record)			order Jammed / Leaker		
Make of Veh:		Modi N	I / S/Rim / STD/Rim		
5		Tyre Size	F	25/60A16	
(Policy Condition	n)		R.	4	100
	had commenced its	N/S O/S BS / DUN /	EXNOVA / GY / FS / LIZA	에 보고 하다 하다 했습니다. 하는 점점 하는 사람들이 되었다. 이 사람들이 되었다.	SUMI /
repair a	t the time of inspection.	TOYO/Y	OKO er	Weller	
Bai or Market Val	ue.	• <u>Front</u>	100	Rear	
DAC Accident Rp	cort: Consistent? : Yes	or No R. Bal	7 mm	R Bal 7	នាភា
GIA / PR Seen:	Consistent?: Yes	or No L'Bal	+ mm	L Bal 2	men
Est Repairs:	days Res. Yes	or No D.O.A	21/2/7	001 26/12/	-1
Lum Sum:	Ψ <sub>0</sub> 3 Val. Yes	or No Survey hel	d at	184E (1-27	
CA I REV I	REP. / 24 HRS	Des. of Da	mages Frt / Rear / O/S		p or
		Vehicle: IN / OUT		Kler	
Date:	Person Contacted	The U/	C / Chassis frame / Bo	dy Structure, affected of	ie to collision
Date / Time	SH SIZILLY - PCS/TIME	17016701/Klapnz	F1803C : F00	Tilci, PIP	
2/1/8	Coded PIP \$ 960 Red:\$ 1471.90, 61%.	<i>D</i>			
2/1/8	RECEIVED 0 4				
2/1/-8	RECEIVED 0 4		epair: n_		
Caretime File Fass	RECEIVED 0 4	J:M 2013  Days Of R	epair: 2 No. of Trip: )	Eurney Fee	250
CaterTime File Pass	RECEIVED 0 4	Days Of R	No. of Trip:	Transportation	250
Caretime File Fass	RECEIVED 0 4	Days Of R Resurvey	No. of Trip:	Transcortanor	
Cate/Time File Pass  *** <b>Lupist</b> Cate/Time File Retur	RECEIVED 0 4	Days Of R Resurvey  Add Fee: St	No. of Trip: ) e Insc (\$ en. ex) (\$	Transportation  1 1 2 2 2 3 1  Shorts	250 10
CaleTime File Fass	RECEIVED 0 4  RECEIVED 0 4  Preli. Report  Final Report	Days Of R Resurvey  Add Fee: St	No. of Trip:	Transcortanor	



# 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 Interna	CONTROL OF THE PROPERTY OF THE PARTY OF THE			
гок	IO MARINE INSUR	ANCE SINGAPORE LTD	Ref : CC3/TMI17024	506/K1rb		
20 N TOK	ICCALLUM STREE	T #09-01 RESINGAPORE 069046	Date: 27-12-2017 Code: TMI			
1.	VALUE VALUE OF THE	Policy Particular	rs :- THIRD PARTY CLAI	M		
	Insured Veh.	SLL 781Z	Veh. Inspected	SH 8124G		
	Policy No.		Coverage (\$)	0.00		
Claim No.		- 20	Excess (\$)	0.00		
	Assign From		Assign Date	26/12/2017		
2.	Heliopean Casa	Vehicle Pa	rticulars & Condition			
7.5	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
Chassis No. Colour						
T	Odometer		Steering			
	Brakes Modification					
	General					
3.		Cond	ditions 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.	p spainting our	Descri	ption of Damages			
5.		Gene	eral Information			
٥.	Accident Date	21/12/2017	Inspection Date	26/12/2017		
	Survey held at	COMFORTDELGRO ENGIN				
	23,107,1013,01	59 LOYANG DRIVE SINGAPORE 508969				
5a.	I SALES A SALE	Automobile by	Remarks	over the operation sold for		
	A)THE INSPECTION	ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BA S, WE HAVE NOT AUTHORI	SIS. SED REPAIRS.		

# COMFORTDELGRO ENGINEERING

A member of ComfortDelgro

Date/Time: 26.12.2017 12:42

Page : 1

JOB CARD Sales Order: Team: ARC Repair TP(CLSO)1 JC NO.305100821 REGN NO: 8124G **JSTOMER** MILEAGE COMFORT TRANSPORTATION PTE LTD MAKE: HYUNDAI R/MS FUEL 7010045 STOMER NO. 383 SIN MING DRIVE E.....F MODEL I-40 26 .12.2017 10:05 Singapore SINGAPORE 575717 65508755 (O) YR OF MANU. 03.09.2015 TARGET DATE CHASSIS CODE KMHLB41UMGU077226 COMPLETION DATE/TIME: SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.12.2017

NATURE: 3P 21.12.2017

TOKIO - faxi Pea domage LICIL/Kalmi -

CUSTOMER'S SIGNATURE
SH 8124G
ce Advisor Date

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number Fax Number Contact Number EMail Address

- 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,
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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	22/12/2017 07:15
Date Of Accident	21/12/2017 15:50
Exact Location Of Accident	BRADDELL RD TWDS TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH8124G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	and the second s
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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	LIM POH BUAY
NRIC No	S1381505D
Date Of Birth	27/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1989
Driving Experience	28 YEARS AND 3 MONTHS
Gender	FEMALE

NOEMAIL

Address .

93 05-110 ROSEWOOD DRIVE

Postcode

737794

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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

Passenger 1

NAME:

: MALE

GENDER:

### **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

SEE ATTACH.

### 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

SLL781Z

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SDW73X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJD3552P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

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DECLAPATION				- A , D	
I/We declare the foreg COMFORT TRANS	ping particulars are	true in every respect.		21/12/17 Beksu	•
	SPORTATION PTI IO 199393821R	E L1.		Jackson Hong	
		brus		C5O	

Policyholder's Signature Date & Time:

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

Date & Time

Reporting Centre Personnel's Signature

Name:

### Sketch Plan Pg. 2

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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)

Lunderstand, acknowledge, agree and consent that:

- 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
- 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.
- 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 LIC CC REG NO 199303821R

Jackson Henn

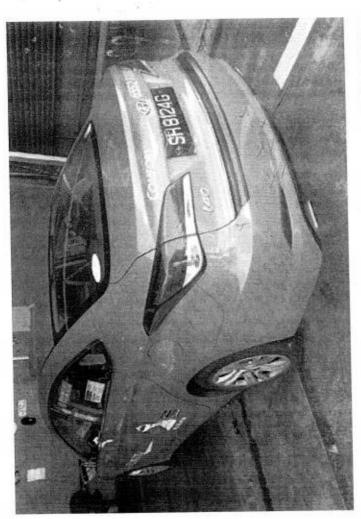
Policyholder's Signature Date & Time:

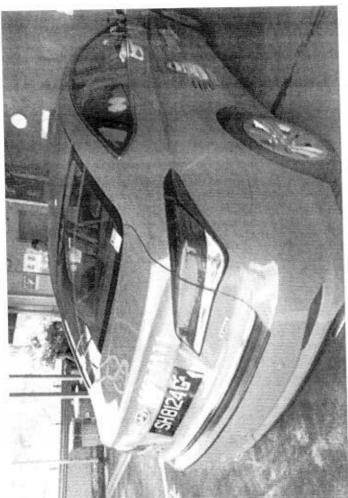
Driver's Signature (If driver is not the policyholder)

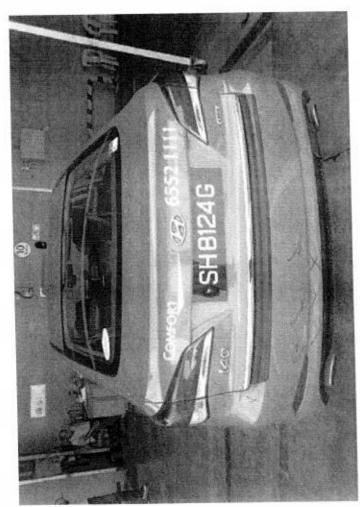
Date & Time:

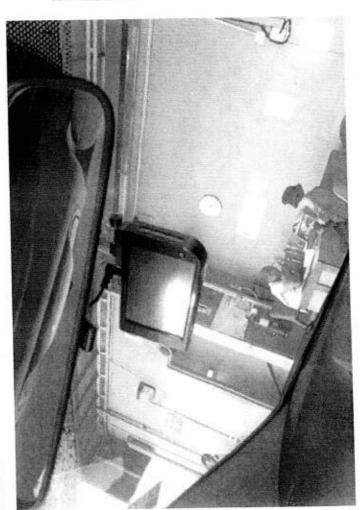
Reporting Centre Personnel's Signature Name NRIC/FIN No.:

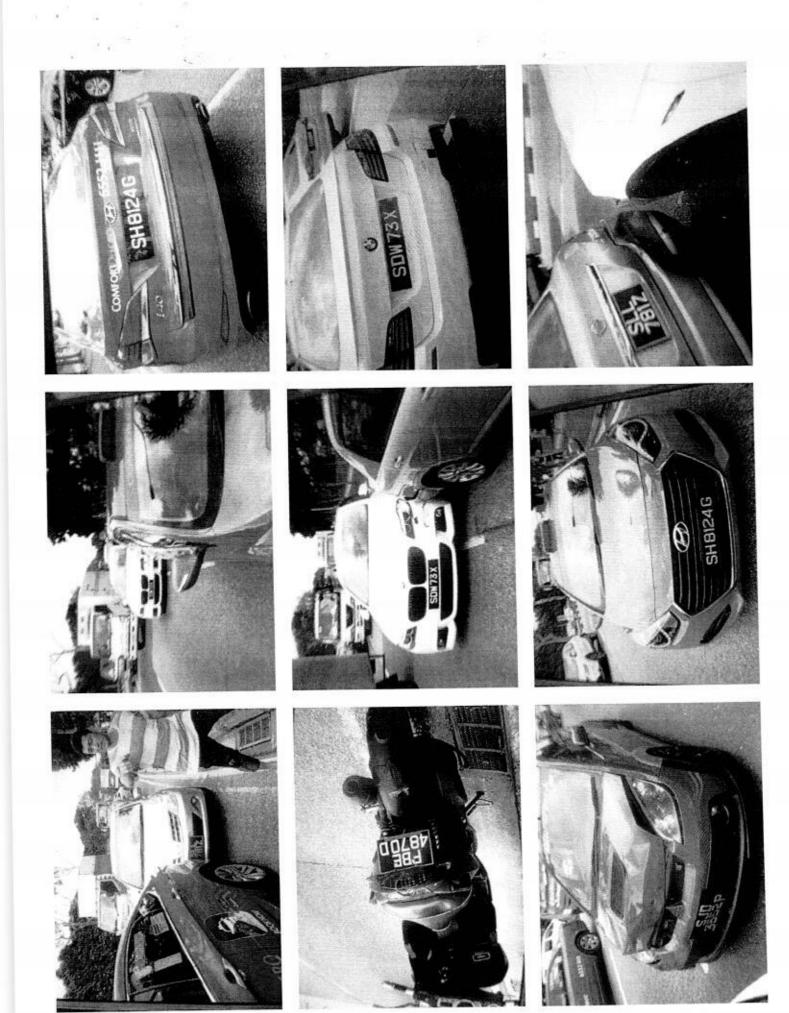
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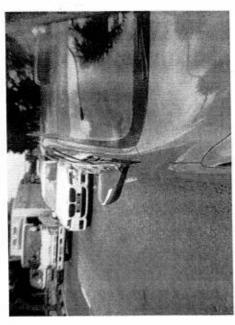




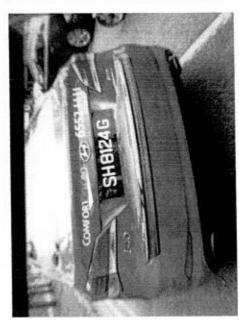


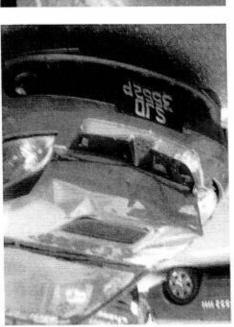


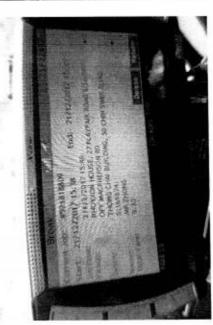


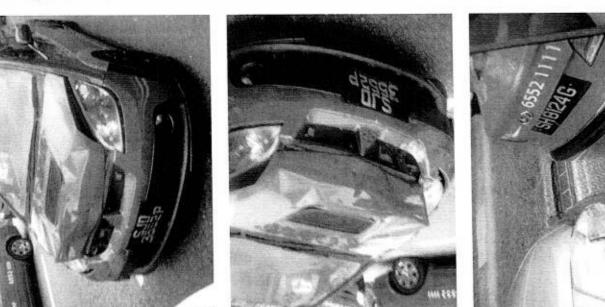












# ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive Singapore 508969 Tel: 6214 8300

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

COMFORT TRANSPORTATION PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

21/12/2017

Policy No:

Vehicle Reg. No.:

SH8124G

Date of Loss:

VEC

Party At Fault:

UNKNOWN

Driveable?

YES

Make/Model:

HYUNDAI 140, 1.7 D CRDI (A)

Vehicle Reg. Date:

03/09/2015

Vehicle Colour:

BLUE

Gen Condition:

GOOD

Engine No:

D4FDFU539144

Chassis No:

KMHLB41UMGU077226

Odometer:

234605 KM

Paint Type:

List Item Discount:

20.00 %

Total Loss?

NO

Est. Duration of

Repair (day)

4

Present Location:

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
Parts		1,672.38
Miscellaneous Items		10.00
Labour		750.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	2,432.38
	+ GST 7.00% (S\$)	170.27
	Nett Amount (S\$)	2,602.65

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

### REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 26 Dec 2017)

Parts:

143

HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Validity:

Print Code: ComfortDelGro Engineering Pte Ltd/SH8124G/26/12/2017 14:34 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 \*.

I SIIIIIales OII I alis	Estim	ates	on	Parts
-------------------------	-------	------	----	-------

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
04. 14.			*REAR BUMPER	20.00	0.00	*603.60 FL
S	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*504.35 FL × 5
	2		*REAR BUMPER REINFORCEMENT BRACKETS - RH/LH	20.00	0.00	
S. N	10		*REAR BUMPER CLIPS	20.00	0.00	
	10		*REAR BUMPER UNDERCOVER	20.00	0.00	
	4		*REAR BUMPER SPONGE	20.00	0.00	
	4		*REVERSE SENSOR	0	0.00	*135.70 FS X
	1		*REAR BUMPER RUBBER MAT	0	0.00	*50.00 FS /
	anchise	part, S=SpcN	Nett. L=ListItemDisc.			2.044.05
			Sub Total (S\$)			
			- List Item Discount on L Items (S\$)			371.67
			Total Parts (S\$)			1,672.38
			7			

ComfortDelGro Engineering Pte Ltd/SH8124G/26/12/2017 14:34. Not valid without Reference section. Generated using Merimen e-Claims IEAS

	nates on Miscellaneous Items  Rty Particulars		Amount
Miscellaneous Items  1			10.00
1 1	OD/TP Case (Insurer)		
		Sub Total (S\$)	10.00

	mates on Labour Particulars	Lab.Type	Amount
	ur Items	New	380.00 %
	PANEL BEATING	New	200.00
2	SPRAY PAINTING	New	50.00 ×
3	WIRING CHARGE		120.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00
		Gross Labour Cost (S\$)	750.00

ComfortDelGro Engineering Pte Ltd/SH8124G/26/12/2017 14:34. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

# Tokio

# COMFORTDELGRO ENGINEERING PTE LTD

# REPAIR ESTIMATE\*

VEHICLE NO: SH 8124G

DATE 21/12/2017 17:07

MAKE

Qty	Parts Description/ Labour	Type	Unit Price		Amount
	Rear Bumper / Island			\$	603.60
	Rear Bumper Reinforcement XXX			\$	504.35
	Rear Bumper Reinforcement Bracket (LH/RH)	•	\$ 180.00	\$	360.00
	Rear Bumper Side Bracket			\$	49.00
	Rear Bumper Clips			\$	22.00
	Rear Bumper Sponge Ys			\$	143.40
	Rear Bumper Clips Rear Bumper Sponge  Rear Bumper Under Cover			\$	225.00
	SUB TOTAL			\$	1,907.35
	LESS 20%			\$	381.47
	DISCOUNTED TOTAL			\$	1,525.88
	Rear Bumner Reverse Sensor X 45			s	135.70
	Rear Bumper Reverse Sensor X			\$	50.00
	Team Damper Maddet Mili				20.00
				\$	185.70
					100110
	Labour Charge				200
	Panel Beating			\$	380.00
	Spray Painting Charge			\$	200.00
	Wiring Charge			\$	50.00
	R/Refix Reverse Sensor  Munica Pu \$10			\$	120.00
	TOTAL LABOUR			\$	750.00
	ESTIMATE TOTAL			\$	2,461.58
	Kalva (CC/9				
	Kalva CC/9  Kalva CC/9  1 26/n/7 1426.  2 Pays  P I Paint p Ld.		K Auto Consultants hence Repairer of the following resurvey before after spray pa to display damaged part(s) durin	ntino	
	PIP pld.		Third party survey is on a "Withou willegal modification(s) is allowed	ation Project	udice" basis
	Be fra Part		Supplementar misj must be a subject to final approval from to knowledged by Repairer	surve surare	ved and te Company
art			nature:		

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Date : 30.12.2017  FINALIZATION FORM  To : LKK Fax:  Attn : KALVIN  Vehicle Reg No. : SH 8124G Date of Accident: 21.12.2017  The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-  1. The repair job shall bill to: TOKIO SLL781Z  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:	Our leb Dethi			CO	ENGINEERING	
FINALIZATION FORM  To: LKK Fax:  Attn: KALVIN  Vehicle Reg No.: SH 8124G Date of Accident: 21.12.2017  The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-  1. The repair job shall bill to: TOKIO SLL781Z  2. The finalized amount shall be:  (a) Spare Parts after List discount  (b) Labour Charges  Total for Part-By-Part Repair Cost \$96  (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 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: Very Call Asia Signature: Name: Latry Ng Name: Signature: Name: Latry Ng Name: Matched Yes or No (Signature)  1. Rental Rate P/Day YES Nadical Report Singapore Singapo		C R CO OF COLD TO A CARROL VI			LINGINEERING	
To: LKK Fax:  Attn: KALVIN  Vehicle Reg No.: SH 8124G Date of Accident: 21.12.2017  The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-  1. The repair job shall bill to: TOKIO SLL781Z  2. The finalized amount shall be:  (a) Spare Parts after List discount \$55  (b) Labour Charges \$41  Total for Part-By-Part Repair Cost \$96  (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumps	CONTROL OF THE PARTY OF T	30.12.2017		59 Loyang Drive Singapore 508		
Attn: KALVIN  Vehicle Reg No.: SH 8124G  Date of Accident: 21.12.2017  The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-  1. The repair job shall bill to: TOKIO  SLL781Z  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: 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:		IKK				
Vehicle Reg No. : SH 8124G  The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-  1. The repair job shall bill to: TOKIO SLL781Z  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: 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:				Fax:		
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:  1. The repair job shall bill to: TOKIO SLL781Z  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: 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:						
1. The repair job shall bill to: TOKIO SLL781Z  2. The finalized amount shall be:  (a) Spare Parts after List discount \$555  (b) Labour Charges \$411  Total for Part-By-Part Repair Cost \$966  (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 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: Signature: Signature: Name: Larry Ng Name: Kaliwa Name: Larry Ng Name: Kaliwa Name: Signature: Name: G5214 8316 Date: 2////////////////////////////////////	Process Sections in the					
1. The repair job shall bill to: TOKIO SLL781Z  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: 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: Signature: Name: Larry Ng Name: Kalich Tel: 6214 8316 Date: 2////////////////////////////////////	The survey and estimates	of the repairs of the	above-mention	ned vehicle are a	s follows:-	
(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: 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: Larry Ng Name: Signature: Name: Larry Ng Name: Larry Ng Name: Larry Ng Name: Signature: Name: Amount Signature: Name: Amount Signature: Name: Signature: Name: Name: Signature: Name: Signature: Name: Name: Signature: Name: Name: Signature: Name: Signature: Name: Name: Signature: Name: Name: Signature: Name: Name: Signature: Name: Name: Signature: Name: Name: Name: Signature: Name: Name: Name: Name: Name: Name: Name: Name:						
(b) Labour Charges  Total for Part-By-Part Repair Cost  (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 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: Larry Ng Name: Signature: Name: Larry Ng Name: Larry Ng Name: Value  Signature: Name: Signature: Name: Amount Signature: Name: Name: Larry Ng Name: Signature: Name: Name: Name: Signature: Name: Name: Name: Signature: Name: Name: Name: Name: Signature: Name: Name: Name: Signature: Name: Na	<ol><li>The finalized amount</li></ol>	nt shall be:			8	
(c.) Labour Charges Total for Part-By-Part Repair Cost  (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 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: Larry Ng Name: Name: Larry Ng Name: Larry Ng Name:  Callet  Tel: 6214 8316 Date: 2 ///8  Fax: 6546 8156  For Official Use Only  Item Amount Amount Attached Yes or No Signature)  Remarks  Confirm By (Signature)  Remarks  Confirm By (Signature)  Remarks  Lars of Income Paid Survey Fees  Lars Search Fee Medical Fees (on behalf of driver, if applicable) Overrun	(a) Spare Parts	after List discount			2000	
Total for Part-By-Part Repair Cost  \$36  (c.) Lumpsum Repair (if applicable)     Total for Lumpsum repair cost after Less:     Final Lumpsum Repair cost  3. Estimated normal period for repairs:						
(c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 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: Larry Ng Name: Name: Larry Ng Name: Name: Name: Larry Ng Name:		750-700	ost		\$410.0	
Total for Lumpsum repair cost after Less:  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:  Larry Ng  Name:  Larry Ng  Name:  Larry Ng  Name:  Larry Ng  Name:  Confirm By  Attached  Yes or No  Remarks  Remarks  Remarks  Loss of Income Paid  Survey Fees  LTA Search Fee  Medical Fees (on behalf of driver, if applicable)  Overrun					\$960.4	
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: Signature: Name: Larry Ng Name: Kaluh  Tel: 6214 8316 Date: 2////8  Fax: 6546 8156  For Official Use Only  Item Amount Attached Yes or No (Signature)  Remarks  Rental Rate P/Day YES  Loss of Income Paid  Survey Fees  LTA Search Fee  Medical Fees (on behalf of driver, if applicable)  Overrun	(c.) Lumpsum Re	pair (if applicable)				
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: Signature: Name: Larry Ng Name: Kaluk  Tet: 6214 8316 Date: 2/1/18  Fax: 6546 8156  For Official Use Only  Item Amount Attached Yes or No (Signature)  Remarks  Rental Rate P/Day YES  Loss of Income Paid  Survey Fees  LTA Search Fee  Medical Fees (on behalf of driver, if applicable)  Overrun	Final Lumps	psum repair cost af um Repair cost	ter Less:	-		
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.  Signature:  Name:  Larry Ng  Name:  Calch  Fax: 6546 8156  For Official Use Only  Item  Amount  Document  Attached  Yes or No  YES  Confirm By  (Signature)  Remarks  Remarks  Larry Ng  Name:  Confirm By  (Signature)  Remarks  Confirm By  Con						
Name : Larry Ng Name : ICalus  Tet : 6214 8316 Date : 2/1/8  Fax : 6546 8156  For Official Use Only  Item Amount Attached Yes or No  Remarks  Loss of Income Paid  Survey Fees  LTA Search Fee  Medical Fees (on behalf of driver, if applicable)  Overrun		•	W	e confirm the es		
Item Amount Document Attached Yes or No Signature)  Remarks  Rental Rate P/Day YES  Loss of Income Paid  Survey Fees  LTA Search Fee  Medical Fees (on behalf of driver, if applicable)  Overrun	Name : 6214 83 Fax : 6546 81	316	Na	ame :		
Remarks  Amount Attached Yes or No  Remarks  Remarks  Less of Income Paid  Survey Fees  Less Confirm By (Signature)  YES  Remarks  Remarks  Confirm By (Signature)  Remarks	For Official Use Only			-		
Rental Rate P/Day     YES     Loss of Income Paid     Survey Fees     LTA Search Fee     Medical Fees (on behalf of driver, if applicable)     Overrun	Item	Amount	Attached	Confirm By (Signature)	Remarks	
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	<ul> <li>Medical Fees (on behalf of driver, if applicable)</li> </ul>					
emarks:	Overrun					
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# COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.12.2017 Time: 15:51:13

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

**CUSTOMER: 7010045** 

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

REGN NO

: 305100821 : SH 8124G

MILEAGE

MAKE

: 0000000000 : HYUNDAI

MODEL

DATE OF REGN

: I-40

DATE/TIME IN

: 03.09.2015 : 26.12.2017 10:05

ACCIDENT DATE : 21.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

0003 04-01-0103-1150-A I40VC PROTECTOR MAT

50.00

1

50.00

SUB-TOTAL: 550.48

### JOB NATURE

0000 L

PANEL BEATING

200.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

180.00

0002 L

REMOVE/REFIX REVERSE SENSOR

20.00

0003 L

MERIMEN FEE

10.00

SUB-TOTAL: 410.00

TOTAL : 960.48

MVA NAME & SIGNATURE DATE:

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Subm	itted Ins /	Auth'ed	Status	
Main	26 Dec 2017 14:28 Sendback Est	26 Dec 2017 14:34 \$\$2,432.38	26 Dec 2017 16:53 Edit Adj Rpt	S\$960.48 Edit Estimates	\$\$960.48 View Rpt			# 140mmassasene	ng for y Report el Case
	Main	Refere	ence	Claim Deta	ils	Docum	ents	٦ _	Show All
CLAIM SU	BFOLDER DETA	ILS	THE RESIDENCE OF THE REAL PROPERTY.		The state of the s	Control of the Park	A DESCRIPTION OF THE PARTY NAMED IN	State Line or other	A CONTRACTOR
Insured:		COMFORT TO	RANSPORTATION	PTE LTD, Co.	Reg. No.: 1993	303821R			
Main Claim	ant:		RANSPORTATION		-				
Vehicle Re	g. No.:	SH8124G		Date of L	Date of Loss:		21/12/2017 15:00 - :59		
Claim Type:		<b>TP</b> / M1706462		Policy/Co	Policy/Cover Note No.:		MU004484 (Comprehensive) Coverage: 30/03/2017 - 29/03/20		
Vehicle Re	g. No. (Insured):	SLL781Z		Policy No	Policy No. (Claimant):				27 007 2010
				Excess: S\$0.00					
Repairer:		ComfortDelG	iro Engineering l	Pte Ltd (Loyang	59 Loyang Di	rive, 508969 L	oyang - Tel	: 6214 83	00
Handling In	nsurer:	Tokio Marine	Insurance Sing	apore Ltd (HQ)	- Tel: 6221 61	11 [Handle	d by <b>Telma</b>	Gomez -	65926402
Adjuster:		Rpt due 05	nsultants Pte Ltd /01/2018]	d (HQ) - Tel: 625	6-3561 [Ha	ndled by KAL	VIN ANG W	VEI KUN ]	[Fina
ASSOCIA	TED MAIL RECE	IVED					View All	Compose	Case Mail
There are r	no mail for this cas	e.							
ALL ASSO	CIATED TASKS	Ξ			View All   S	earch Tasks	Create Ne	w Task	Complete
Due Date		ype Task Gro	up Subject	Handler As	signed By	Completed	On C	reated Or	and the second

# Claim Documents

SH8124G (M1706462)

[SLL781Z]

TP

COMFORT TRANSPORTATION PTE LTD

Dec 21 2017 3:00PM

[COMFORT TRANSPORTATION PTE LTD]

ComfortDelGro Engineering Pte Ltd

As	sessment Reports		Tr-	View View in Br	
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	08/01/18 08:35	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee		Thumbnail	Print
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# **Documents Checklist**

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.	Neset	Save	Print

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# 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/TMI17024506/K1RBE2

10/01/2018 Date:

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MU004484

Claimant Vehicle SH8124G

Insured Vehicle No:

SLL781Z

No: Date of Loss:

21/12/2017

Nature of Claim:

TP

Claim No: M1706462

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SH8124G

Make & Model:

HYUNDAI 140, 1.7 D CRDi (A)

Engine No:

D4FDFU539144

Reg. Date:

03/09/2015 (Man. Year: 2015)

Chassis No:

KMHLB41UMGU077226

Colour:

Engine Capacity:

1685 cc

Odometer:

236012 km

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):

Engine Modification:

Yes Footbrake (Serviceable): Pre-accident Condition:

Yes Good

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

205/60 R16

Rear Tyre Size:

205/60 R16

Front Left Side:

West Lake 7 mm

Yes

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	1,672.38	550.48	1,121.90	67.08
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\$)	2,432.38	960.48	1,471.90	60.51
+ GST 7.00/7.00% (S\$)	170.27	67.23	103.04	60.52
Nett Amount (S\$)	2,602.65	1,027.71	1,574.94	60.51

INSPECTION

Date of Assignment:

26/12/2017 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

26/12/2017 Inspected At:

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager:

Janice Lee Si Hua

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.

Page 3 of 4

# **REPAIR DETAILS**

Referen		
Part Source		Version: 1.0 (Last Synchronised: 10 Jan 2018)
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 SH8124G)
Validity:		es are valid only if they contain the print code (above) on all estimate pages, running page the END OF ESTIMATES marker on the last estimate page
Further Info	: Items/values r	not in reference catalogue are prefixed with an asterisk *.

# Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*-FL
3	2		*REAR BUMPER REINFORCEMENT BRACKETS - RH/LH	Serviceable	360.00 FL	*-FL
4	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
5	1		*REAR BUMPER UNDERCOVER	Serviceable	225.00 FL	*-FL
6	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*-FL
7	1		*REVERSE SENSOR	Not Necessary	135.70 FS	*- FS
8	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
F=Fra	anchise	part. S=Spc	Nett. L=ListItemDisc.			
				Sub Total (S\$)	2,044.05	675.60
			- List Item Discount on L Items 20	0.00/20.00% (S\$)	371.67	125.12
				Total Parts (S\$)	1,672.38	550.48

Report was unsubmitted during this print-out.

Recommended	Miscellaneous	Items
- · · · · · · · · · · · · · · · · · · ·	Miscellaneous	items

NO	Qty Particulars  cellaneous Items		Repairer's	Amoun
1	1 OD/TP Case (Insurer)	_	10.00	10.00
		Sub Total (S\$)	10.00	10.00
Re №	commended Labour			
Lab	our Items	Lab.Type	Repairer's	Amount
1	PANEL BEATING SPRAY PAINTING	New	380.00	200.00
	WIRING CHARGE	New New	200.00	180.00
	REMOVE/REFIX REVERSE SENSOR	New	50.00 120.00	0.00 20.00
		Gross Labour Cost (S\$)	750.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >