

REF:

CC3/TML18000450/Dqbz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Report Vehicle No: _____

at Workshop this

of

Insured: **GBA 1847M**Policy No: **MC005962**Claims No: **M1800159**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Ball or Market Value: _____

DAO Accident Report: _____ Consistent? Yes or No

GIA / FR Seen: _____ Consistent? Yes or No

Est. Repairs: **36** days Res: Yes or NoLump Sum: **20** % 3 Val: Yes or No

OA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date: _____ Person Contacted: _____

Van No: **SH65035** Page: **Feb 2011**Type: **②** M/Cyclist/Elec/Van/Lorry **①** Prime Mover

Truck / Trailer or

Make: **Hyundai Sonata** Yr: **1991**Colour: **Blue** A.O. Insured: **Std NI NA**So Reading: **583530** T Reg: Insured: **Std NI NA**Eng No: **D4EAB935614**C No: **KMHET41VNBA805627**Gen. Cond: **②** Good / Fair / Poor / BurntSteering: **②** In Order / Jammed / Leaked / Burnt orBrake: **②** In Order / Jammed / Leaked / Burnt orMod: **②** Nil / Rim / STD A/Rim orTyre Size: **R: 215/60 R16**R: **— " —**

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

TOYO / YOKO or **Maxxis**

Front

Rear

R.Bal: **6** mm R.Bal: **6** mmL.Bal: **6** mm L.Bal: **6** mmD.O.A: **06/01/2018** D.O.A: **08/01/2018**Survey held at: **ODGB Layan**Des of Damage: **Rev** Fr / Rear / O/S / N/S / U/O / Rooftop or

The U/O / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

To Kto GBA 1847M**SH 65035 - X****GBA 1847M - NGA / TML13021724 / 54****DAF: 18/1/13****25/1/18 Bryan Analised with Jumanis LS \$5450, 3 days.
(Cost \$2981.42, 35%)****RECEIVED 25 JAN 2018**

Date/Time File Pass to:

25/1/18 Jumanis

: Preli. Report

: Final Report

Date/Time File Return to:

Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee:

Transport:

Add Fee:



\$

\$

\$

\$

\$

Report Format:

MPR-TPLump Sum / LBR: **5450****250
10****260**



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CC3/TMI18000450/Dqb

20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRESINGAPORE 069046

Date : 08-01-2018



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBA 1847M	Veh. Inspected	SH 6503J
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	08/01/2018

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	06/01/2018	Inspection Date	08/01/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

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Survey Department Check List (Case Handler)

Reference No.: CC3/TMI/8000450/Dqb
Policy Type: OD (TP) TP RES / TL / EVA

SA 65037

Case Handler

Typist

Admin *Cather*): 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
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (*Bryan*): 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

✓		
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Check By:

Chr 23/1/18

Case Handler

Date

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SH6503J
Vehicle to be Exported:	No
Intended De-registration Date:	09 Jan 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Primary Colour:	Blue
Manufacturing Year:	2011
Engine No.:	D4EAB935614
Chassis No.:	KMHET41VMBA805627
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,779.00
Original Registration Date:	28 Feb 2011
First Registration Date:	28 Feb 2011
Transfer Count:	0
Actual ARF Paid:	\$14,779.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Feb 2019
PARF Rebate Amount:	\$9,606.00
Intended COE Rebate Details	
COE Expiry Date:	27 Feb 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$32,767.00
COE Rebate Amount:	\$4,656.00
Total Rebate Amount:	\$14,262.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

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	08/01/2018 09:40
Date Of Accident	06/01/2018 15:15
Exact Location Of Accident	CTE(CITY) NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6503J
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	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	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	LOW BENG DEE
NRIC No	S1697336Z
Date Of Birth	16/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1985
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 316 TAMPINES STREET 33 #08-188
Postcode	520316
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?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180107/2014

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	GBA1847M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUSHIN BIN SHAFI'EE
NRIC/Passport Number	S8708582A
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKA934U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN CHEE WEE VICTOR

NRIC/Passport Number

S1663579J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LOW BENG DEE

Approximate Age

53

Injuries Sustain

PAIN TO NECK, BACK SHOULDER - ON 3 DAYS MC

Injured person in which vehicle?

SH6503J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

3P PASSENGER

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SKA934U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

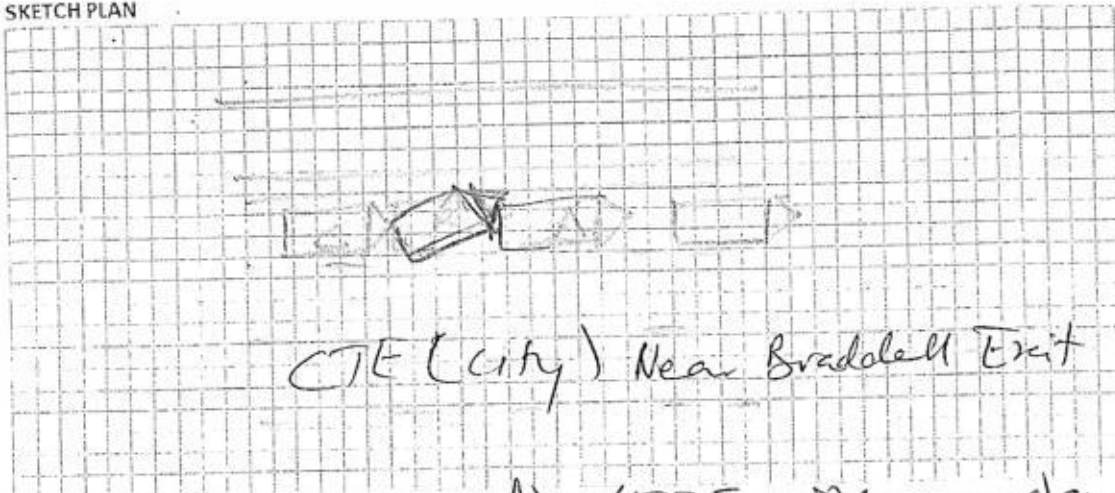
Policyholder's Signature
Date & Time:

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

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

[Signature]
R Moorthy
CSO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SH6503J B) GBA/847M C) SKA9344

Refer Police Report - T/20180107/2014

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20180107/2014

1 of 3

Report No. T/20180107/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2018 03:01	Vide Report No.: F/20180106/0217	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: LOW BENG DEE		Address: APT BLK 316 TAMPINES STREET 33 #08-188 SINGAPORE 520316	
ID Type / ID No.: NRIC NO / S1697336Z		Contact No.: Home/Office:	Mobile: 97115585
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 16/07/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/01/2018 15:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
AT THE BRADELL EXIT TOWARDS CITY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBA1847M	Van				Seriously Damaged	0
SH6503J	TAXI				Seriously Damaged	1
SKA934U	Car				Seriously Damaged	2



SINGAPORE
POLICE FORCE



T/20180107/2014

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180107/2014

CONTINUATION OF REPORT

Brief Details.

ON 06/01/2018 AT ABOUT 1515HRS, WHILST I WAS DRIVING MY TAXI SH6503J IN LANE 4 TURNING INTO PIE NEAR BRADELL EXIT. SUDDENLY, THERE'S A HARD JOLT FROM THE REAR. A M/CAR SKA934U HAD COLLIDED INTO THE REAR OF A M/VAN GBA1847M THAT CAUSES A CHAIN COLLISIONS. WITH THE VAN COLLIDED INTO THE REAR OF MY M/TAXI. DUE TO THE IMPACT, MY M/TAXI SUSTAINED SEVERAL DENTS AT THE REAR BUMPER AND THE BOOTH CANNOT BE CLOSE. TRAFFIC POLICE WAS AT SCENE TOGETHER WITH AN AMBULANCE. A PASSENGER FROM THE SAID M/CAR SKA934U WAS CONVEYED TO HOSPITAL DUE TO BACK PAIN. THE SAID SKA934U FRONT BUMPER WAS BADLY DAMAGE. FOR GBA1847M SUSTAINED DAMAGES AT THE REAR BUMPER AND IT'S FRONT BUMPER. AFTER THE ACCIDENT I HAD SEEK MEDICAL TREATMENT FROM CGH AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE FROM 6 JAN TO 8 JAN 2018 DUE TO BACK PAIN AND BOTH SHOULDER ACHES. I WAS TOLD BY THE TRAFFIC POLICE TO LODGE A POLICE TRAFFIC ACCIDENT REPORT REF. F/2018010601/0217 IOYUS MASTARI.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20180107/2014

3 of 3

Report No. T/20180107/2014

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 /
SI MOHAMAD NASRUL BIN ABDUL RASIAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No: 65476214

Authentic Stamp
NP168

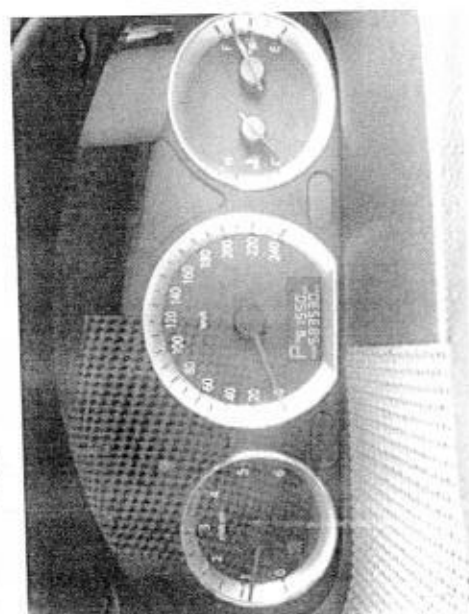
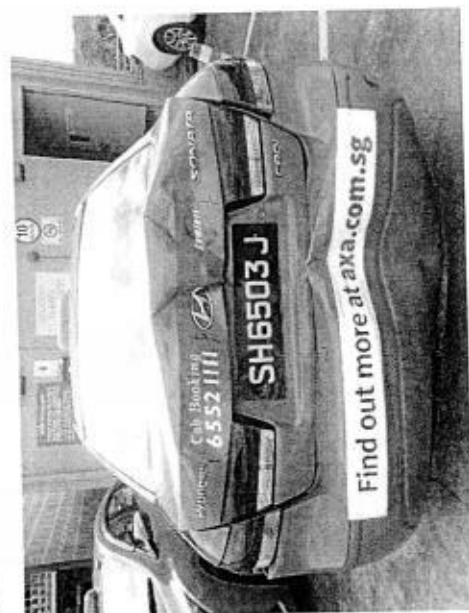
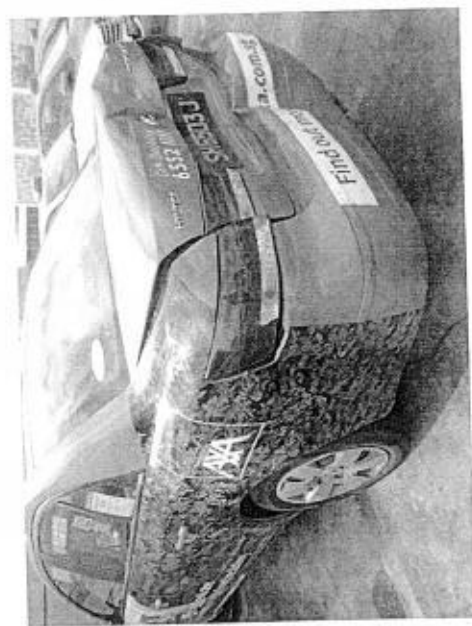
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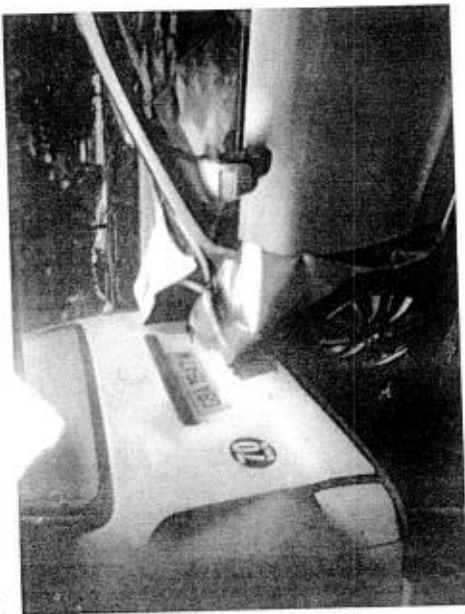
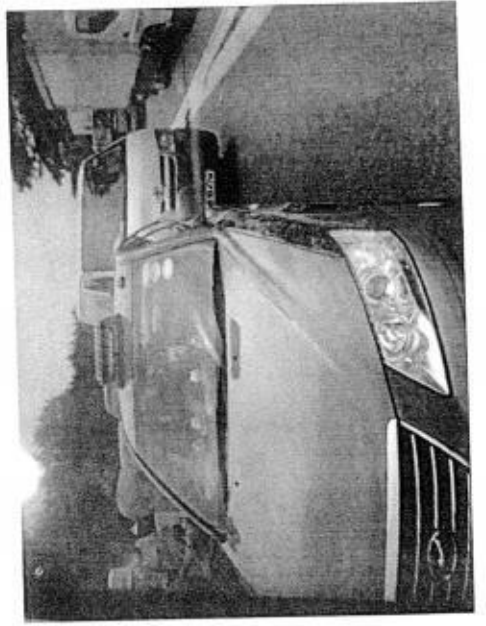
Signature Of Informant:

low

Date/Time:
07/01/2018 03:01

Classification Of Case:





Team: AE ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3795263

JC NO: 305104628

CUSTOMER
AS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

REGN NO: SH 6503J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 06.01.2018 15:15
YR OF MANU. 28.02.2011	TARGET DATE
CHASSIS CODE KMHE141VMB805627	COMPLETION DATE/TIME:

COUNT CARD NO:

JOB DESCRIPTION

Accident Date: 06.01.2018
NATURE: 3P 06.01.18

/NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: SH 6503J JU TOKIO LKK

Vehicle No.: SH 6503J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
CTPL

Jumani

Singapore

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY

Ref. No:

Policy No:

Date of Loss:

06/01/2018

Vehicle Reg. SH6503J

Driveable?

YES

No.:

Party At UNKNOWN

Fault:

Make/Model: HYUNDAI SONATA, 2.0 CRDI (A)

Vehicle Reg. Date:

28/02/2011

Vehicle BLUE

Gen Condition:

GOOD

Colour:

Engine No: D4EAB935614

Chassis No:

KMHET41VMBA805627

Odometer: 0 KM

Paint Type:

List Item 20.00 %

Discount:

Total Loss? NO

Est. 6

Duration of

Repair (day)

Present COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

Location:

COST OF CLAIMS**Amount**

Parts

5,501.42

Miscellaneous Items

10.00

Labour

2,920.00

Paintwork Labour

0.00

Towing

0.00

Gross Total (\$\$)**8,431.42****+ GST 7.00% (\$\$)****590.20****Nett Amount (\$\$)****9,021.62****This claim is handled by: JUMANI BIN MASUDIN**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Jan 2018)
 Parts: 143 HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SH6503J/08/01/2018 12:18
 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		*BOOTLID <i>Dented</i>	20.00	0.00	*1,349.50 FL	✓
2	1		*BOOTLID RUBBER <i>damaged</i>	20.00	0.00	*110.90 FL	✓
3	1		*BOOTLID UPPER LOCK <i>St</i>	20.00	0.00	*132.10 FL	✓
4	1		*BOOTLID LOWER LOCK <i>St</i>	20.00	0.00	*30.30 FL	✓
5	1		*BOOTLID SONATA EMBLEM <i>Hec</i>	20.00	0.00	*43.60 FL	✓
6	1		*BOOTLID HYUNDAI EMBLEM <i>Hec</i>	20.00	0.00	*24.20 FL	✓
7	1		*BOOTLID H EMBLEM <i>Hec</i>	20.00	0.00	*26.10 FL	✓
8	1		*BOOTLID CRDI EMBLEM <i>Hec</i>	20.00	0.00	*22.70 FL	✓
9	1		*BOOTLID LAMP LH <i>Scratched</i>	20.00	0.00	*230.20 FL	✓
10	1		*BOOTLID LAMP RH <i>Scratched</i>	20.00	0.00	*230.20 FL	✓
11	1		*LICENCE LAMP LH <i>src</i>	20.00	0.00	*32.50 FL	X
12	1		*LICENCE LAMP RH <i>src</i>	20.00	0.00	*32.50 FL	✓
13	1		*BOOTLID TRIMBOARD <i>St</i>	20.00	0.00	*165.40 FL	✓
14	10		*BOOTLID TRIMBOARD CLIPS <i>Hec</i>	20.00	0.00	*11.00 FL	✓
15	1		*REAR BUMPER <i>Dented</i>	20.00	0.00	*578.40 FL	✓
16	1		*REAR BUMPER REINFORCEMENT <i>broken</i>	20.00	0.00	*483.30 FL	✓
17	10		*REAR BUMPER CLIPS <i>Hec</i>	20.00	0.00	*22.00 FL	✓
18	1		*REAR BUMPER SPONGE <i>to fix</i>	20.00	0.00	*137.40 FL	✓
19	1		*REAR BUMPER UNDER COVER <i>damaged</i>	20.00	0.00	*185.80 FL	✓
20	1		*REAR BUMPER PROTECTOR LH <i>src</i>	20.00	0.00	*38.00 FL	X
21	1		*REAR BUMPER PROTECTOR RH <i>St</i>	20.00	0.00	*38.00 FL	✓
22	1		*TAILLAMP ASSY LH <i>src</i>	20.00	0.00	*344.00 FL	✓
23	1		*TAILLAMP ASSY RH <i>src</i>	20.00	0.00	*344.00 FL	✓
24	1		*REAR PANEL <i>Dented</i>	20.00	0.00	*391.80 FL	✓
25	1		*REAR PANEL GARNISH <i>damaged</i>	20.00	0.00	*95.80 FL	✓
26	1		*SPARE TYRE PANEL <i>Dented</i>	20.00	0.00	*863.00 FL	✓
27	1		*SPARE TYRE PANEL CUSHION <i>src</i>	20.00	0.00	*200.30 FL	X
28	1		*TOWING HOOK <i>4x</i>	20.00	0.00	*135.30 FL	X
29	1		*SPARE TYRE HOLDER <i>src</i>	20.00	0.00	*27.60 FL	X
30	1		*BOOTLID COMFORT LOGO & TEL NO. STICKER <i>Hec</i>	0.00	0.00	*30.00 F	✓
31	1		*REAR NUMBER PLATE <i>St</i>	0.00	0.00	*25.00 F	✓
32	1		*REVERSE SENSOR <i>HF</i>	0.00	0.00	*135.70 F	X
33	1		*REAR BUMPER ADVERTISEMENT LOGO <i>Hec</i>	0.00	0.00	*50.00 F	✓
34	2		*REAR FENDER ADVERTISEMENT LOGO <i>Hec</i>	0.00	0.00	*200.00 F	✓

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

6,766.60

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

1,265.18

Total Parts (S\$)

5,501.42

ComfortDelGro Engineering Pte Ltd/SH6503J/08/01/2018 12:18. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	TOWING	New	50.00 NA
2	PANEL BEATING	New	1800.00 1000/-
3	SPRAYPAINT	New	800.00 700/-
4	WIRING	New	50.00 30/-
5	TUFF KOTE	New	100.00 40/-
6	REMOVE/REFIX REVERSE SENSOR	New	120.00 NA
Gross Labour Cost (S\$)			2,920.00

ComfortDelGro Engineering Pte Ltd/SH6503J/08/01/2018 12:18. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

6798.76

L/S 5450/-

08/01/2018 21445h

Not Author

L/Srme

Ryan 5 days.

2K1c Auto





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>06/01/18</u> Time Received: <u>1635</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Low Beng Dee</u> Contact No.: <u>97115585</u> Vehicle No.: <u>SH 6503 J</u> Make / Model / Colour: Email:		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>Lot Chan</u>	8. Vehicle Tow - In Workshop:
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:	<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi

10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented / : Scatched O: Missing
---	---	---

Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> STD <input checked="" type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS
Name of Driver: <u>Tony Liao</u>
Vehicle No.: <u>YN 7944K</u>
Time Dispatch: <u>1656</u>
Time of Arrival: <u>1705</u>
Time Completed: <u>1743</u>

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No.:

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COPY

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305104628
Date : 10/01/18

FINALIZATION FORM

To : LKK
Attn : BRYAN
Vehicle Reg No. : SH 6503J
Date of Accident : 06/01/18
Fax :
Fax :

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

- The repair job shall bill to: TOKIO --- GBA1847M
###
- 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% \$5,500.00
Final Lumpsum Repair cost
54501-

3. Estimated normal period for repairs: 3 working days

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature :
Name :
Date : 25/01/2018

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEM: REAR BUMPER SPONGE AND REINFORCEMENT

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/TMI18000450/DQBN2

Date: 26/01/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MC005962
Claimant Vehicle No :	SH6503J	Insured Vehicle No :	GBA1847M
Date of Loss:	06/01/2018	Nature of Claim:	TP
		Claim No:	M1800159

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH6503J	Engine No:	D4EAB935614
Make & Model:	HYUNDAI SONATA, 2.0 CRDI (A)	Chassis No:	KMHET41VMBA805627
Reg. Date:	28/02/2011 (Man. Year: 2011)	Odometer:	583530 km
Colour:	Blue		
Engine Capacity:	1991 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Maxxis 6 mm	Rear Left Side:	Maxxis 6 mm
Front Right Side:	Maxxis 6 mm	Rear Right Side:	Maxxis 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	5,501.42	5,018.76	482.66	8.77
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	2,920.00	1,770.00	1,150.00	39.38
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,431.42	6,798.76	1,632.66	19.36
Approved Total (Overridden) (S\$)		5,450.00		
(S\$)	8,431.42	5,450.00	2,981.42	35.36
+ GST 7.00/7.00% (S\$)	590.20	381.50	208.70	35.36
Nett Amount (S\$)	9,021.62	5,831.50	3,190.12	35.36

INSPECTION

Date of Assignment:	08/01/2018 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	08/01/2018 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days	

Adjuster: BRYAN TANI

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: 26 Jan 2018)
Parts:	143	HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH6503J)	
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		*BOOTLID	Dented	1,349.50 FL	*1,349.50 FL
2	1		*BOOTLID RUBBER	Deformed	110.90 FL	*110.90 FL
3	1		*BOOTLID UPPER LOCK	Bent	132.10 FL	*132.10 FL
4	1		*BOOTLID LOWER LOCK	Bent	30.30 FL	*30.30 FL
5	1		*BOOTLID SONATA EMBLEM	Necessary	43.60 FL	*43.60 FL
6	1		*BOOTLID HYUNDAI EMBLEM	Necessary	24.20 FL	*24.20 FL
7	1		*BOOTLID H EMBLEM	Necessary	26.10 FL	*26.10 FL
8	1		*BOOTLID CRDI EMBLEM	Necessary	22.70 FL	*22.70 FL
9	1		*BOOTLID LAMP LH	Scratched	230.20 FL	*230.20 FL
10	1		*BOOTLID LAMP RH	Scratched	230.20 FL	*230.20 FL
11	1		*LICENCE LAMP LH	Serviceable	32.50 FL	*- FL
12	1		*LICENCE LAMP RH	Cracked	32.50 FL	*32.50 FL
13	1		*BOOTLID TRIMBOARD	Bent	165.40 FL	*165.40 FL
14	10		*BOOTLID TRIMBOARD CLIPS	Necessary	11.00 FL	*11.00 FL
15	1		*REAR BUMPER	Dented	578.40 FL	*578.40 FL
16	1		*REAR BUMPER REINFORCEMENT	Broken	483.30 FL	*483.30 FL
17	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
18	1		*REAR BUMPER SPONGE	Torn	137.40 FL	*137.40 FL
19	1		*REAR BUMPER UNDER COVER	Deformed	185.80 FL	*185.80 FL
20	1		*REAR BUMPER PROTECTOR LH	Serviceable	38.00 FL	*- FL
21	1		*REAR BUMPER PROTECTOR RH	Bent	38.00 FL	*38.00 FL
22	1		*TAILLAMP ASSY LH	Cracked	344.00 FL	*344.00 FL
23	1		*TAILLAMP ASSY RH	Cracked	344.00 FL	*344.00 FL
24	1		*REAR PANEL	Dented	391.80 FL	*391.80 FL
25	1		*REAR PANEL GARNISH	Deformed	95.80 FL	*95.80 FL
26	1		*SPARE TYRE PANEL	Dented	863.00 FL	*863.00 FL
27	1		*SPARE TYRE PANEL CUSHION	Serviceable	200.30 FL	*- FL
28	1		*TOWING HOOK	Not Necessary	135.30 FL	*- FL
29	1		*SPARE TYRE HOLDER	Serviceable	27.60 FL	*- FL
30	1		*BOOTLID COMFORT LOGO & TEL NO.STICKER	Necessary	30.00 F	*30.00 FS
31	1		*REAR NUMBER PLATE	Bent	25.00 F	*25.00 FS
32	1		*REVERSE SENSOR	Not fitted	135.70 F	*- FS
33	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
34	2		*REAR FENDER ADVERTISEMENT LOGO	Necessary	200.00 F	*200.00 FS

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

Sub Total (\$\$)	6,766.60	6,197.20
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,265.18	1,178.44
Total Parts (\$\$)	5,501.42	5,018.76

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Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TOWING	New	50.00	-
2	PANEL BEATING	New	1,800.00	1,000.00
3	SPRAYPAINT	New	800.00	700.00
4	WIRING	New	50.00	30.00
5	TUFF KOTE	New	100.00	40.00
6	REMOVE/REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (S\$)			2,920.00	1,770.00

Report was unsubmitted during this print-out.

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