The state of the s	925 / Klib nz Special lastinaction:
Mainen From (Person): Dillen Sentialan of	
Estimated Cost: E	Bill to:
OD TP/WS/TP RES/OD RES/EVA/INV/MV/CS	
To Inspect Vehicle No: SHC SUMMY	Insured: 98C 663 Y
nt Workshop m/s (cmfcf_Ddq10	Tel: 6214 8315
of 59 layong Olm	
Policy No: MVOD733	Claim No: M1800283
Sum Insured:	Excess:
Make of Veh:(Client's Record)	D.O.A. 12012018
CA / REV / REP. / REV 24 HRS WPI	H.O.D. Endorsement
1/0:00 0 11:00	Vehicle DLOUT
Date/Time Action/Instruction (/) Estimate	
SHC SHITHS - X	
SBC 663Y - X	
	4
-	

Ter 1 183	SHC 844 &P 3 Dec 2015
Estimated Cost	Type Miden Midyple Ede Men Lotty TO Frime Maller
OD TP/WS TP RES/CO RES/EVA/INV/MV	Truck: Trailer or
To receptivence ivo	Hyunder Zxo 1685
at individing mile	soins The - : To Q sin NINE
	80 = 880 7 229 648 == 800 FEE 1/4
Notes	Engine
Policy No	KMHLB414164080 673
Diama No	Gen Cons Good For Poor Burns
Elmineured Bidess	Steering Indred Jammed Leaked Burnt or
3 ents Feccia	Brake inor (s/ Jammed / Leaked / Burnt :-
Make of ver	Medi: NII / SiRim / STDARIM or
	Tyre 8 28 F: 205/60 R16
Policy Condition	R: M
Pernant. The veh had commenced its NS DS	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU FIR SUM
repair at the time of inspection.	TOYOTYOKO O Hankesk
Ball of Market value	Entry 1
DAD Appleent RoomConsistent7 : Yes or No	F. Sa. 7 2.5a 7
Guns stent? : Yes or No	- 38 +
Est Fecalts days Fest Yes or No	12/1/18
Lim SurgiPo 3 val Yea on No	Survey red as (PAE (layans)
CA / REV / REP. / 24 HRS	Design Damages : Fm / Rear / O/S / N.S. / U/C / Rooftop :r
Gate Parson Contacted: Vehicle: (N/) OUT	The U/C / Chassis frame / Body Structure affected bue to to faith
Date Time Action Instruction 1	s dro / Chasas hame Eddy Strouble 2 File 1 10 2 1
20/18 (hind 1/9 \$ 1070.48 /2 Page.	Tolkio
* Red: \$ 3656.46,771.	PIP
•	
RECEIVED 2.3 JAN	917L
Salatine fla Pass (2) : Prell, Report	Days Of Repair: 2
typist- Final Report	Resurvey No. of Trip: 1 Sune: Fee
2 et a Time in a Factor (2)*	7 9135 7310
Add Fe	e: Site ned S (0
	The country of the co
======================================	The state of the s
- plp 1070.48	
	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

1328		Affiliated to Federation Internat	ionale Des Experts En Autom	nobile
гок	IO MARINE INSUF	RANCE SINGAPORE LTD	Ref : CS/TMI180009	25/K1rb
	ICCALLUM STREE IO MARINE CENT	ET #09-01 RESINGAPORE 069046	Date: 16-01-2018 Code: TMI	
		Policy Particular	s :- THIRD PARTY CLA	M
	Insured Veh.	SBC 663Y	Veh. Inspected	SHC 8444P
	Policy No.	MV002733	Coverage (\$)	0.00
	Claim No.	M1800283	Excess (\$)	0.00
	Assign From	MERIMEN (DILLEN SENTHILAN)	Assign Date	16/01/2018
2.	The talk of a	Vehicle Par	ticulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	177	Steering	
	Brakes		Modification	
	General			*
3.	a constitue	Cond	itions 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.	E HARD EST	Descrip	tion of Damages	
5.	a Emplimental	Gene	ral Information	
	Accident Date	12/01/2018	Inspection Date	16/01/2018
	Survey held at	COMFORTDELGRO ENGINE	ERING PTE LTD	
		59 LOYANG DRIVE SINGAPORE 508969		
5a.			Remarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A'V CE TO YOUR INSTRUCTIONS,	VITHOUT PREJUDICE" BA WE HAVE NOT AUTHORI	SIS. SED REPAIRS.

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

Case	Notified	Est Submitted	Adi Assissand	Adl Bak	A4100 h 14 - 4		Tay	-
cose	16 Jan 2018	16 Jan 2018	Adj Assigned 16 Jan 2018	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	09:37 Sendback Est	10:50	11:41 Assign				New Assignment Cancel Case	
	Main	Refere	nce	Claim t	Details	Documents	<u> </u>	Show All
CLAIM S	UBFOLDER DET	AILS	The state of the s	Comment Street and St.	and the same of the same		No. of Concession, Name of Street, or other Designation, or other	
Insured:		CTPL, Co. Reg. N	o.: 199303821R					
Main Clai	mant:	CTPL						
Vehicle R	teg. No.:	SHC8444P		Date o	of Loss:	12/01/2018 20:0	00 - :59	
Claim Typ	pe:	TP / M1800283		Policy	/Cover Note No.:	MV/002723 (Comprehensive)		
Vehicle R (Insured)		SBC663Y		Policy	No. (Claimant):			
				Exces	**	S\$600.00		
Repairer:		ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300						
Handling		Tokio Marine Insu						varajoo
Adjuster:		LKK Auto Consult	ants Pte Ltd (HQ) - Tel: 6256-	3561 [Final Rp	t due 25/01/201	[8]	
ASSOCIA	TED MAIL RECE	EIVED				View All	Compose Car	se Mail
There are	no mail for this ca	ise.						
Θ								
ALL ASS	OCIATED TASKS	S		, i	lew All Search	Tasks Create	New Task	Complete
	te Priority	Type Task Grou	p Subject	Handler	Assigned By	Completed On	Created On	Done

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.

- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	15/01/2018 09:09	
Date Of Accident	12/01/2018 20:20	
Exact Location Of Accident	STILL RD(TWDS STILL RD SOUTH) X JOO CHIAT PLACE	
Country/State of Loss	SINGAPORE	

•	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SHC8444P		
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	140		
Exact Purpose for which vehicle was being	g 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 LEK KHENG HUA

 NRIC No
 \$6836541D

 Date Of Birth
 26/09/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/07/1987

Driving Experience 30 YEARS AND 5 MONTHS

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address ADRIANLEK@YAHOO.COM

Address

BLK 585 ANG MO KIO AVENUE 3 #02-3033

Postcode

560585

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

DRIZZLING

Road Surface

WET

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBC663Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TAN WAH LONG

NRIC/Passport Number

S1237897A

Contact Number

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

The space of the state of the s	DETAILS OF INJURED PERSON 1	Carried and the Carried and Ca
Name	LEK KHENG HUA	
Approximate Age	50	
Injuries Sustain	PAIN TO NECK AND SHOULDER.	
Injured person in which vehicle?	SHC8444P	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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:
 - 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:
 - 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

> Pošicyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

GIABING Shatch-PlanForm_V3

-

Sketch Plan Pg. 2

	CHIAT	1 1 1	
ETCH PLAN	7.14	TRAFFIC HIGHTS	TITTITT
		+19 HIGHTS	
		Tiested 1	
		TIONS -> STILL	en IIII
ST144 ->	TED AD	South	<u> </u>
PD · I			A SUC SULLE
			A; SHC8444P B; SBC663Y HONDA VEZE TAN WAH LO
			B; 28C 663 Y
			HONDA VEZE
			TAN WAH LO
10/11/			1/681737897
A THE			
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	1 to JOCHIAT PLACE	TWA WA SI
		! PLACE	
	100	the obest	
	As per a	HTA CACU -	
	1		
11.			
DECLARATION			
I/We declare the foregoing po	articulars are true in every respo	ect.	1.118. h
I/We declare the foregoing pa	PTE LTD XI	ect.	14/01/18- /
	PTE LTD XI		14/0/18 V

Queto scriptor black group 2

Sketch Plan Pg. 3

Describe Circur	nstances of the Accident
On 12 Jan 2018	at about 20:20 hrs I was driving straight on the center lane along Still Rd
neading toward	ds the direction of Still Rd South.
As I approache	d the traffic junction of Joo Chiat Place the traffic lights turned to red hence I
slowed down a	nd stopped at the junction.
Suddenly a few	seconds later a Honda car SBC663Y came from behind collided onto the Rear
Portion of my t	axi.
O1 lady passen	ger on board my taxi. No injury at the point of the accident. However after the

Declaration

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

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

Policyholder's Signature/Date &

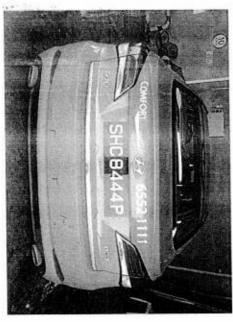
Time

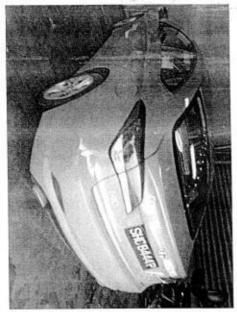
Driver's Signature(If driver is not the policyholder)/Date

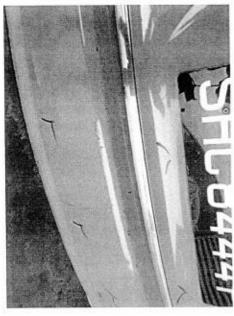
& Time

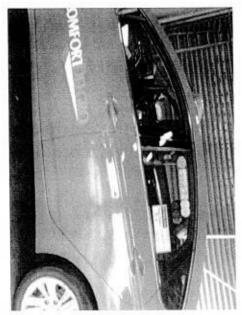
Witnessed by Reporting Centre Personnel

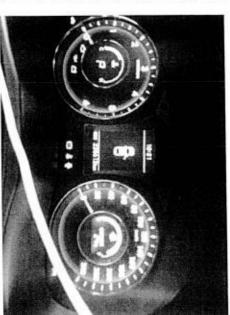
















ComfortDelGro Engineering Pte Ltd (Co. Reg. No: 199506048W)

59 Loyang Drive Singapore 508969 Tel: 6214 8300

Ref. No:

Date of Loss:

Vehicle Reg. Date:

Gen Condition:

Chassis No:

Driveable?

12/01/2018

03/12/2015

KMHLB41UMGU080633

GOOD

YES

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY

Policy No:

Vehicle Reg. SHC8444P

No.:

Party At

UNKNOWN

Fault:

Make/Model: HYUNDAI I40, 1.7 GDI (A)

Vehicle

BLUE

Colour:

Engine No: D4FDFU564601

5

Odometer: 0 KM

Paint Type:

List Item

20.00 %

Discount:

Total Loss? NO

Est.

Duration of Repair (day)

Present

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

Location:

COST OF CLAIMS		Amount
Parts		3,606.94
Miscellaneous Items		10.00
Labour		1,110.00
Paintwork Labour		0.00
Towing		0.00
800-8000 (1 0))	Gross Total (S\$)	4,726.94
	+ GST 7.00% (S\$)	330.89
	Nett Amount (S\$)	5,057.83

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 16 Jan 2018)

Parts:

HYUNDAI I40 1.7 GDi (A) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHC8444P/16/01/2018 10:50

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	Managara	*BOOTLID COVER X	20.00	0.00	*1,681.40 FL
2	1		*BOOTLID H EMBLEM . *	20.00	0.00	*27.20 FL
3	1		*BOOTLID CRDI EMBLEM	20.00	0.00	*41.00 FL
4	1		*BOOTLID I40 EMBLEM +	20.00	0.00	*41.00 FL
5	1		*BOOTLID MOULDING X 5"	20.00	0.00	*85.00 FL
6	1		*BOOTLID LOWER GARNISH XY	20.00	0.00	*398.00 FL
7	1		*BOOTLID LOWER LOCK × JVC	20.00	0.00	*31.70 FL
8	1		*BOOTLID LIPPER LOCK X J" , /	20.00	0.00	*137.90 FL
9	1		*REAR BUMPER ASSY Petro	20.00	0.00	*603.60 FL
10	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*504.35 FL
11	1		*REAR BUMPER REINFORCEMENT BRACKET LH	20.00	0.00	*180.00 FL
12	1		*REAR BUMPER REINFORCEMENT BRACKET RH	20.00	0.00	*180.00 FL
13	1		*REAR BUMPER SPONGE 🐉	20.00	0.00	*143.40 FL
14	10		*REAR BUMPER CLIPS ~ ~	20.00	0.00	*22.00 FL
15	1		*REAR BUMPER UNDER COVER X	20.00	0.00	*225.00 FL
16	1		*BOOTLID COMFORT LOGO & TEL NO.STICKER 21	0.00	0.00	*30.00 F
17	1		*REVERSE SENSOR X ANT FIHAL	0.00	0.00	*135.70 F
	anchise	part L=ListIt	temDisc.			NAME OF THE OWNER.
			Sub Total (S\$)			4,467.25
			- List Item Discount on L Items (S\$)			860.31
			Total Parts (S\$)			3,606.94

ComfortDelGro Engineering Pte Ltd/SHC8444P/16/01/2018 10:50. Not valid without Reference section. Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars		Amount
Mis	cellan	eous Items		40.00
1	1	OD/TP Case (Insurer)		10.00
			Sub Total (S\$)	10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Lab	our Items	65105	200
1	PANEL BEATING	New	560.00 76 400.00 76
2	SPRAYPAINT	New	400:00
3	WIRING	New	59.00 ×
4	REMOVE/REFIX REVERSE SENSOR	New	109.00 >
		Gross Labour Cost (S\$)	1,110.00

ComfortDelGro Engineering Pte Ltd/SHC8444P/16/01/2018 10:50. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin ICK4

16/1/8 1040h.

2 Pm.

Plp

Alle Aprimp LL

Before Point

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before their spray painting
- To display damaged partis) during resurvey
- · Parts prices are subject to confirmation
- Third party survey is on a "Without" Prejudice" basis
- No illegal modification si is allowed.
- Supplementary -m(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



COMFORTDELURO

Date/Time: 16.01.2018 09:08

REGN NSHC8444P

MAKE:HYUNDAI

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305107286

MILEAGE

FUEL

	-		
CAL	A 10		
	H L	-	

(P)

COMFORT TRANSPORTATION PTE LTD

7010045

OMERNO83 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 (B)

(O)

 MODEL_{I-40}

E.....1/2..... 16.09ATE/JUNE 108:45

YR OF MANU 2. 2015

CHASSIS CODE 41 UMGU080633

TARGET DATE

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

ccident Date: 12.01.2018

ATURE: 3P 12.01.18

/NO

LABOR CODE

DESCRIPTION

SERVICE ADVISOR	3			CUSTOMER'S SIGNATURE
dgement Slip		Exit Pass		
o.: SHC8444P	JU TOKIO LKK	Vehicle No.:	SHC8444P	
Service Advisor	Signature/Date	Name of Service Ad	dvisor	Date
irned to Service Reception upon	collection	To be kept by Secu	urity Guard	

COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.01.2018

Time: 18:18:19

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

: 305107286

REGN NO MILEAGE : SHC8444P

MAKE

: 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN : 03.12.2015 DATE/TIME IN : 16.01.2018 08:45

ACCIDENT DATE : 12.01.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 603.60 20.00 482.88

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

SUB-TOTAL: 500.48

JOB NATURE

0000 L

PANEL BEATING- REAR

200.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

360.00

0002 L

DATE:

MERIMEN FEE

10.00

SUB-TOTAL: 570.00

TOTAL : 1,070.48

MVA NAME & SIGNATURE

AUTHORISED: YES/NO SURVEYOR NAME & SIGNATURE

DATE:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305107286			Comfort Del Gra Engineering Pt				
Date :18/01/2018		2018		ComfortDelGro Engineering Pte 59 Loyang Drive Singapore 508 Fax: 6546 8156			
INA	LIZAT	ON FOR	RM				100100
o	: _		LK	K		Fax:	
Attn	:		KA	LVIN			
/ehi	de Reg	No. :	SHC844	4P	Date	of Accident :_	12/01/18
The s	survey	and estir	nates of the	repairs of the a	above-mentioned	vehicle are as	follows:-
			shall bill to:		токіо		SBC 663Y
				8 3	TORIO	###	050 0001
2.	5000000	E 1000-10 11.50	amount shal				
	(a)			ist discount	1000		\$500.48
	(b)		r Charges		###		\$570.00
		Total f	or Part-By-l	Part Repair Co	st		\$1,070.48
	(c.)			f applicable)	1 00%		
			or Lumpsum Lumpsum R		er Less: 20%	-	
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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:

CS/TMI18000925/K1RBN2

Date:

24/01/2018

REFERENCE

Handling Insurer:

Tokio Marine Insurance Singapore Ltd

Policy No:

MV002733

Claimant Vehicle No :

SHC8444P

Insured Vehicle No:

SBC663Y

Date of Loss:

12/01/2018

Nature of Claim:

TP

Claim No: M1800283

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC8444P

Make & Model:

HYUNDAI I40, 1.7 GDi (A) 03/12/2015 (Man. Year: 2015) Engine No: Chassis No: Odometer: D4FDFU564601 KMHLB41UMGU080633

229648 km

Reg. Date: Colour:

Blue

1685 cc

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

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 Parts	Repairer's 3,606.94	Adjuster's 500.48	Difference 3,106.46	Diff % 86.12
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,110.00	560.00	550.00	49.55
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,726.94	1,070.48	3,656.46	77.35
+ GST 7.00/7.00% (S\$)	330.89	74.93	255.96	77.36
Nett Amount (S\$)	5,057.83	1,145.41	3,912.42	77.35

INSPECTION

Date of Assignment:

16/01/2018 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

16/01/2018 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: 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.

REPAIR DETAILS

N/A

Reference

Parts:

(Last Synchronised: 24 Jan 2018) Part Source:

HYUNDAI I40 1.7 GDi (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for SHC8444P)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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 *.

		mended Parts Part No. Particulars	Condition	Repairer's	Amount
1	1	*BOOTLID COVER	Serviceable	1,681.40 FL	*-FL
2	1	*BOOTLID H EMBLEM	Not Necessary	27.20 FL	*-FL
3	1	*BOOTLID CRDI EMBLEM	Not Necessary	41.00 FL	
4	1	*BOOTLID I40 EMBLEM	Not Necessary	41.00 FL	*- FL
5	1	*BOOTLID MOULDING	Serviceable	85.00 FL	*-FL
5 6	1	*BOOTLID LOWER GARNISH	Repair	398.00 FL	*- FL
7	1	*BOOTLID LOWER LOCK	Serviceable	31.70 FL	*- FL
8	1	*BOOTLID UPPER LOCK	Serviceable	137.90 FL	
9	1	*REAR BUMPER ASSY	Deformed	603.60 FL	*603.60 FL
10	1	*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	
11	1	*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	180.00 FL	*- FL
12	1	*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	180.00 FL	*- FL
13	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	
14	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
15	1	*REAR BUMPER UNDER COVER	Serviceable	225.00 FL	
16	1	*BOOTLID COMFORT LOGO & TEL NO.STICKER	Not Necessary	30.00 F	*-F
17	1	*REVERSE SENSOR	Not fitted	135.70 F	*-F
F=Fr	anchise	part. L=ListItemDisc.		A AND DESCRIPTION OF THE PARTY	Samonan
			Sub Total (S\$)	4,467.25	625.60
		- List Item Discount on L Items 2	0.00/20.00% (S\$)	860.31	125.12
			Total Parts (S\$)	3,606.94	500.48

Report was unsubmitted during this print-out.

Re No	commended Miscellaneous I Qty Particulars	tems	Repairer's	Amount
Misc	rellaneous Items		40.00	10.00
1	1 OD/TP Case (Insurer)	70.00	10.00	10.00
		Sub Total (S\$)	10.00	10.00
Re	commended Labour			
No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	560.00	200.00
2	SPRAYPAINT	New	400.00	360.00
3	WIRING	New	50.00	2
4	REMOVE/REFIX REVERSE SENSOR	New	100.00	-
		Gross Labour Cost (S\$)	1,110.00	560.00
	Report was	unsubmitted during this print-out.		

< END OF ESTIMATES >