

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Janice Gohof ECICSDate/Time: 11/2/18 @ 9.40am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 3495K

Insured:

SJ 1720C

at Workshop m/s

Comfort Delgro

Tel:

6214 8398

of

59 Loyang Drive

Policy No:

Claim No:

DMPUI800016H/LC

Sum Insured:

Excess:

Make of Veh:

D.O.A.

29/01/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time:

9.47am @ 11/2/18

Person Contacted:

Roger

Vehicle:

☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 3495K - r03 / III 16022632 / M/wg3q2D.O.A: 24/11/2016SJ 1720C \*

Survey No.

Kalvin

REF.

# ASSIGNMENT

SHA 3495K

14 May 2015

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No. \_\_\_\_\_

at Workshop mis \_\_\_\_\_

of \_\_\_\_\_

Insured \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess \_\_\_\_\_

(Client's Record)

Make of Veh. \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Est. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? Yes or No

Est. Repairs: \_\_\_\_\_ days Res: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted \_\_\_\_\_

Vehicle IN / OUT

Gen No. \_\_\_\_\_ Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make \_\_\_\_\_

Colour \_\_\_\_\_

Sp Reading \_\_\_\_\_

Eng No. \_\_\_\_\_

C No. \_\_\_\_\_

Gen Cond. Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size \_\_\_\_\_

\_\_\_\_\_ R.

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

TOYO / YOKO or

Front

R.Bal

L.Bal

D.O.A

Survey held at

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

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

1065.08, 7990

ECZCS

Date / Time

Action / Instruction

6/4/15

Calvin P/P \$280 / 2071

(Red)

RECEIVED 06 FEB 2018

Date/Time File Pass to:

☐

Preli. Report

to

☐

Final Report

Date/Time File Return to:

6/2- typist

Report Format

TP

Lump Sum

P/P \$280 1/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transportation

Add Fee:

☐

Site Insp

\$

☐

Inter. Insp

\$

☐

Rep. Insp

\$

☐

Other

\$

# Survey Department Check List (Case Handler)

Reference No.: CS/CS/800/988/Klv3  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (

): Case handler to make sure all Information created by the assignment team are ACCURATE.

## (1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A				
C	Policy No	✓			
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)	✓			
C	Report Type				
C	Weekend Charges	✓			
N	Survey held at/Repairer				
C	Excess				

Surveyor (

): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages				

## (2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

## (3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

## (4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 6/2/18  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/20




# 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				
ECICS LTD		Ref : CS/ICS18001988/K1vd3		
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987&nbsp; &nbsp; &nbsp;		Date : 01-02-2018		
		Code : ICS		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJJ 1720C	Veh. Inspected	SHA 3495K	
Policy No.		Coverage (\$)	0.00	
Claim No.	DMPU1800016H/LC	Excess (\$)	0.00	
Assign From	JANICE GOH	Assign Date	01/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	29/01/2018	Inspection Date	01/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

**Nivitha (LKK Auto)**

---

**From:** motorsurvey <motorsurvey@ecics.com.sg>  
**Sent:** Thursday, 1 February 2018 9:40 AM  
**To:** Roger How Keen Meng; 'assignments'  
**Cc:** Lim Tien Siong; motorsurvey; Tan Pei Wei; Christine Tay Siew Hway; Kiew Kheng Hin; Aileen Tan Lee Noi; ECICS Claims  
**Subject:** RE: Accident involving SHA3495K & your insured SJJ1720C dated 29.01.18 ; Our ref DMPU1800016H/LC  
**Attachments:** img-131092938-0001.pdf

Without Prejudice

Dear Roger

Thank you for your email below.  
We will appoint LKK for the survey.

Aside to LKK

Please assist to arrange for TP PRI today.

Thank you.

*\*Please note that this case is handled by our Lionel Chua and our claim ref DMPU1800016H/LC\*.*

Regards,  
Janice Goh  
**Claims Division**  
DID: +65 6303 0182  
FAX: +65 6338 9267

**ECICS Limited**  
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

**WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to [motorsurvey@ecics.com.sg](mailto:motorsurvey@ecics.com.sg) directly.**

*\*\*Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.\*\**

**From:** Roger How Keen Meng [mailto:rogerhow@cdge.com.sg]  
**Sent:** Thursday, 1 February, 2018 8:31 AM  
**To:** ECICS Claims  
**Cc:** Lim Tien Siong; motorsurvey; Tan Pei Wei; Christine Tay Siew Hway; Kiew Kheng Hin; Aileen Tan Lee Noi  
**Subject:** RE: Accident involving SHA3495K & your insured SJJ1720C dated 29.01.18

Dear Lionel,

You may request for the video clip after you have received the LOD from our claims department.

For your information, our repair workshop is not authorized to release the video clip.

Kindly advice, are assigning your surveyor to inspect taxi , preferably before 12pm ,today.

Regards

Roger How  
Taxi Crash Repair | ComfortDelGro Engineering Pte Ltd  
Off: 62148406 / Fax: 65468161

From: ECICS Claims <claims@ecics.com.sg>  
To: Lim Tien Siong <limts@cdge.com.sg>  
Cc: ECICS Claims <claims@ecics.com.sg>, motorsurvey <motorsurvey@ecics.com.sg>, Roger How Keen Meng <rogerhow@cdge.com.sg>, Tan Pei Wei <tanpw@cdge.com.sg>  
Date: 31/01/2018 05:47 PM  
Subject: RE: Accident involving SHA3495K & your insured SJJ1720C dated 29.01.18

---

Without Prejudice

Our claim no. DMPU1800016H

Dear Tien Siong,

We would appreciate if you could forward the attached file in pdf/tiff/jpeg format as we are not able to view the video evidence at your premises.

Thank you.

Regards,  
Lionel Chua  
DID: +65 6303 0167  
FAX: +65 6338 9267

**ECICS LIMITED**

Email: [claims@ecics.com.sg](mailto:claims@ecics.com.sg)

follow us on  facebook follow us on  twitter visit our website [ecics.com.sg](http://ecics.com.sg) 

**From:** Lim Tien Siong [<mailto:limts@cdge.com.sg>]  
**Sent:** Wednesday, 31 January, 2018 5:43 PM  
**To:** ECICS Claims  
**Cc:** motorsurvey; Roger How Keen Meng; Tan Pei Wei  
**Subject:** RE: Accident involving SHA3495K & your insured SJJ1720C dated 29.01.18

Dear Lionel,

We are happy to assist you. Please feel to view the video evidence at our premises at Loyang.

The video clearly showed your client had collided into taxi rear portion.

Best Regards,  
Lim Tien Siong  
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Off: 62148398 / Fax: 65468156

From: ECICS Claims <claims@ecics.com.sg>  
To: "limts@cdge.com.sg" <limts@cdge.com.sg>  
Cc: ECICS Claims <claims@ecics.com.sg>, motorsurvey <motorsurvey@ecics.com.sg>  
Date: 31/01/2018 03:22 PM  
Subject: RE: Accident involving SHA3495K & your insured SJJ1720C dated 29.01.18

---

Without Prejudice

Our claim no. DMPU1800016H

Dear Tien Siong,

Thank you for your email.

We have gone through all information available with us and we understand that the accident scenario is reflect on conflicting versions, can you share with us is there any evidence to show on the accident scene and some of the colour photographs for our perusal and action.

Appreciate to hear from you soon.

Thank you.

Regards,  
Lionel Chua  
DID: +65 6303 0167  
FAX: +65 6338 9267

**ECICS LIMITED**

Email: [claims@ecics.com.sg](mailto:claims@ecics.com.sg)

follow us on  follow us on  visit our website [ecics.com.sg](http://ecics.com.sg) 

**From:** Lim Tien Siong [<mailto:limts@cdge.com.sg>]  
**Sent:** Wednesday, 31 January, 2018 9:44 AM  
**To:** motorsurvey  
**Cc:** ECICS Claims  
**Subject:** Accident involving SHA3495K & your insured SJJ1720C dated 29.01.18

Officer in charge,

Best Regards,  
Lim Tien Siong  
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Off:62148398 / Fax:65468156

---

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please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



RE: Accident involving SHA3495K & your insured SJJ1720C dated 29.01.18 ; Our ref DMPU1800016H/LC  
motorsurvey

to:

Roger How Keen Meng, 'assignments'  
01/02/2018 09:38 AM

Cc:

Lim Tien Siong, motorsurvey, Tan Pei Wei, Christine Tay Siew Hway, Kiew Kheng Hin, Aileen Tan Lee  
Noi, ECICS Claims

Hide Details

From: motorsurvey <motorsurvey@ecics.com.sg> Sort List...

To: Roger How Keen Meng <rogerhow@cdge.com.sg>, 'assignments' <assignments@lkkauto.com>

Cc: Lim Tien Siong <limts@cdge.com.sg>, motorsurvey <motorsurvey@ecics.com.sg>, Tan Pei Wei  
<tanpw@cdge.com.sg>, Christine Tay Siew Hway <christine\_tay@cdgtaxi.com.sg>, Kiew Kheng Hin  
<kiewkh@cdge.com.sg>, Aileen Tan Lee Noi <aileentan@cdge.com.sg>, ECICS Claims  
<claims@ecics.com.sg>

#### 4 Attachments



image001.jpg image002.jpg image003.jpg img-131092938-0001.pdf

Without Prejudice

Dear Roger

Thank you for your email below.  
We will appoint LKK for the survey.

Aside to LKK

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Thank you.

*\*Please note that this case is handled by our Lionel Chua and our claim ref DMPU1800016H/LC\*.*

Regards,  
Janice Goh  
Claims Division  
DID: +65 6303 0182  
FAX: +65 6338 9267

ECICS Limited  
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

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*\*\*Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.\*\**

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**To:** ECICS Claims  
**Cc:** Lim Tien Siong; motorsurvey; Tan Pei Wei; Christine Tay Siew Hway; Kiew Kheng Hin; Aileen Tan Lee Noi

## 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 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	31/01/2018 08:24
Date Of Accident	29/01/2018 21:25
Exact Location Of Accident	ORCHARD RD X CAVENAGH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3495K
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
<b>Driver</b>	
Name of Driver	DEEPAK KANYALAL NANDWANI
NRIC No	S1428061H
Date Of Birth	27/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1977
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 420 BEDOK NORTH STREET 1 #10-124
Postcode	460420
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

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

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

#### 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

REFER 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	SJJ1720C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH QUAH WEI, VINCENT
NRIC/Passport Number	S8845048E
Contact Number	93217092
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

**IMPORTANT NOTICE**

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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

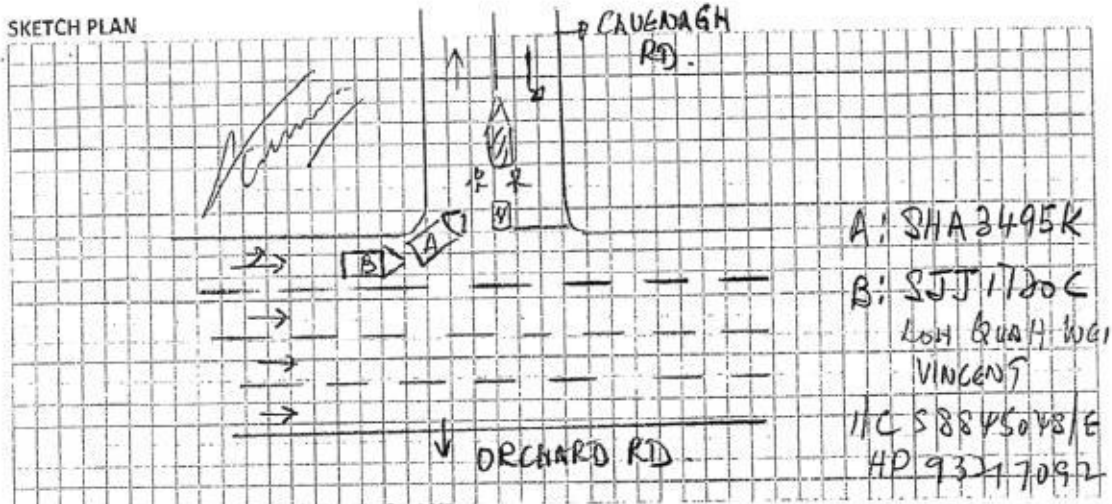
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

## 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.:

**Sketch Plan Pg. 3**

[illegible]

## 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

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.305112118

CUSTOMER	REGN NO. SHA3495K	MILEAGE
7/MS COMFORT TRANSPORTATION PTE LTD 7010045	MAKE HYUNDAI	FUEL E.....1/2.....F
CUSTOMER NO 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 30.01.2018 16:55
ADDRESS Singapore SINGAPORE 575717 65508755 (O)	YR OF MANU 14.05.2015	TARGET DATE
L (R) (P)	CHASSIS CODE KMHLB41UMFU069035	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 29.01.2018  
NATURE: 3P 29.01.18

S/NO                      LABOR CODE                      DESCRIPTION

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
e:		Vehicle No.: SHA3495K	
lo.:			
le No.: SHA3495K                      LIMITS			
e of Service Advisor		Signature/Date	
a returned to Service Reception upon collection		Name of Service Advisor	
		Date	
		To be kept by Security Guard	

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 31.01.2018

Time: 09:29:24

Page: 1

ECICS  
CP/P)

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

JOB NO : 305112118  
REGN NO : SHA3495K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 14.05.2015  
DATE/TIME IN : 30.01.2018 16:55  
ACCIDENT DATE : 29.01.2018

0932

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	603.60	20.00	482.88	X repair
0002 04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	49.00	20.00	39.20	X see
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	X "
0004 04-01-0103-0852-G	REAR BUMPER REFLECTOR RH	1	32.00	20.00	25.60	X see
0005 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	225.00	20.00	180.00	X see

SUB-TOTAL : 745.28

## JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 L	R/I REVERSE SENSOR

~~280.00~~ 100  
~~200.00~~ 180  
~~120.00~~ X "

SUB-TOTAL : 600.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 31.01.2018

Time: 09:29:24

REPAIR ESTIMATE

Page: 2

ECICS CP/P

TS

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

JOB NO : 305112118  
REGN NO : SHA3495K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 14.05.2015  
DATE/TIME IN : 30.01.2018 16:55  
ACCIDENT DATE : 29.01.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Lmfs

TOTAL : 1,345.28

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Kalvin Ullal  
11/12/18 10/10hrs.  
2 days

P/P  
After Repair photo

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "No Win, No Fee" basis
- No illegal modification is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.02.2018

Time: 16:59:27

## 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 : 305112118  
REGN NO : SHA3495K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 14.05.2015  
DATE/TIME IN : 30.01.2018 16:55  
ACCIDENT DATE : 29.01.2018

JOB / PARTS DESCRIPTION


QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 L	PANEL BEATING	100.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
SUB-TOTAL :		280.00
TOTAL :		280.00

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE : AUTHORIZED : YES / NO

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305112118  
Date : 05/02/18

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN ANG  
Vehicle Reg No. : SHA3495K


Fax :  
Date of Accident : 29-Jan-18


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

1. The repair job shall bill to: ECICS Limited --- SJJ1720C
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	NIL
(b) Labour Charges	\$280.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$280.00</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
<b>Final Lumpsum Repair cost</b>	
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount.

Signature :   
Name : LIM T S  
Tel : 62148398  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 6/2/18

## For Official Use Only

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

Remarks:




# LKK Auto Consultants Pte Ltd

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			
ECICS LTD		Ref : CS/ICS18001988/K1vd3n2	
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 08-02-2018	
		Code : ICS	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJJ 1720C	Veh. Inspected	SHA 3495K
Policy No.		Coverage (\$)	0.00
Claim No.	DMPU1800016H/LC	Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	01/02/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069035	Colour	BLUE
Odometer	278684	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	29/01/2018	Inspection Date	01/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



# 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

Page No.: 1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3495K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
1	REAR BUMPER SIDE BRKT RH	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER REFLECTOR RH	SERVICEABLE	32.00	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-186.32	-
			745.28	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		280.00	100.00
	SPRAYPAINT ON AFFECTED AREA.		200.00	180.00
	R/I REVERSE SENSOR.	NOT NECESSARY	120.00	-
			600.00	280.00
	<b>GRAND TOTAL</b>		<b>1,345.28</b>	<b>280.00</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>280.00</b>

Report Ref No. CS/ICS18001988/K1vd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

Licensed Appraiser

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