

22/03/2002

ASS. REC. BY: ,

REF: CS/MSG18002673/K1rd301 Special Instruction:

Survivor

Menmen

From (Person):

KALVIN  
Lionel Tan

ASSIGNMENT (Office)

of MSIG

Date/Time:

9/2/18 @ 11:16am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD6947M

Insured:

FX7701S

at Workshop m/s

Comfort Delgro

Tel:

62148300

of

59 Loyang Drive

Policy No:

MSD/VMT/17-360734-CA

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

07/02/2018

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

11:31am @ 9/2/18

Person Contacted:

Fauzy

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD6947M-CC31CTT17C09478/111ub3g2
	FX7701S-X
15/2/18	Sent pet thru menmen

5HP 6947M

Post 215

Page \_\_\_\_\_ Date \_\_\_\_\_

Estimated Cost \_\_\_\_\_

00-173 NS TR 888 00-888 B.A. No. 11.

To residence of \_\_\_\_\_

and telephone \_\_\_\_\_

at \_\_\_\_\_

to \_\_\_\_\_

Received \_\_\_\_\_

Following \_\_\_\_\_

Came to \_\_\_\_\_

Sum insured \_\_\_\_\_ Excess \_\_\_\_\_

Claims Record \_\_\_\_\_

Name of Ins \_\_\_\_\_

Policy Condition \_\_\_\_\_

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

NS	OS
----	----

Be or Not Be Vale \_\_\_\_\_

DAC Accident Report \_\_\_\_\_ Consistent? Yes or No \_\_\_\_\_

GIA - RP Seen \_\_\_\_\_ Consistent? Yes or No \_\_\_\_\_

Est Repair: \_\_\_\_\_ Days Pass: Yes or No \_\_\_\_\_

Lum Surv: \_\_\_\_\_ % 3 Yr: Yes or No \_\_\_\_\_

QA / REV / REP / 24 HRS \_\_\_\_\_

Date \_\_\_\_\_ Person Signature \_\_\_\_\_

Vehicle IN/OUT \_\_\_\_\_

SHP 6947M Page 004 215  
 Type Motor Vehicle Bus Van Lorry 0 Prime Mover  
 Truck/Trailer  
 Make Hyundai 240 160r  
 Colour Blue 40 40 40 40 40  
 Seating 24 9462 20 20 20 20 20  
 Eng No  
 Chassis KMHLB 4144440 78455  
 Gen. Cond Good FB Poor Burnt  
 Steering Normal Jammed Leaked Burnt or  
 Brake Normal Jammed Leaked Burnt or  
 Mod. KB (SRM) STD A-D  
 Tyre Size FR 205 / 60 R16  
RR  
 ES / DUN / EXNOVA / GYTES / LIZA / MIO / OPTUS / PR / SUM.  
 TOYO / YOKO or Wet Ltr  
 Front Rear  
 R Bal 7 --- R Bal 7 ---  
 L Bal 7 --- L Bal 7 ---  
 D.O.A. 7/2/18 D.O.A. 9/2/18  
 Survey held at CDHE (10/7/18)  
 Des. of Damages: Frn / Rear / O/S / N/S / C Roof top or  
OB BL  
 The C/O / Chassis/frame / Body/Structure affected due to collision

Date	Time	Action/Instructions
13/2/18		Contract P/P 1667-80/2 Dgs Red: \$350, (7).

MSZK

James H. ...

20/2/2018

\_\_\_\_\_

typist

Days Of Repair: 2  
Recovery No. of Trip: 1

200

10

TP  
1667.80

[illegible]

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Feb 2018		09 Feb 2018 11:16 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
----------------------	---------------------------	-------------------------------	---------------------------	--------------------------

CLAIM SUBFOLDER DETAILS				[Created by insurer]					
Insured:	Chua Ching Siong, ID: F8397790Q								
Main Claimant:	Comfort Transportation Pte Ltd, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHD6947M	Date of Loss:	07/02/2018 19:00 - :59						
Claim Type:	TP	Policy/Cover Note No.:	MSD/VMT/17-360734-CA Coverage: 26/02/2017 - 25/02/2018						
Vehicle Reg. No. (Insured):	FX7701S	Policy No. (Claimant):							
		Excess:							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Lionel Tan Tian Pei - 6643 1307]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 10/02/2018]								
Adj Asg. Remarks:	Survey - Car in. Thank you.								
<b>ASSOCIATED MAIL RECEIVED</b>				<a href="#">View All</a> <a href="#">Compose Case Mail</a>					
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b>				<a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>					
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									




# 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				
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG18002673/K1rd3		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 09-02-2018		
		Code : MSG		
1. Policy Particulars : THIRD PARTY CLAIM				
Insured Veh.	FX 7701S	Veh. Inspected	SHD 6947M	
Policy No.	MSD/MT/17-360734-CA	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	MERIMEN (LIONEL TAN)	Assign Date	09/02/2018	
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				
5. General Information				
Accident Date	07/02/2018	Inspection Date	09/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

# 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

To: MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Lionel Tan Tian Pei

Date: 13 Feb 2018

## **Preliminary Advice**

Insured Vehicle : FX7701S

No

TP Vehicle No : SHD6947M

Accident Date : 07/02/2018

Make : HYUNDAI I40

Assignment Date : 09/02/2018

Date of : 09/02/2018

Est. Duration of : 2.00

Inspection

Repair

Inspection At : COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)  
59 LOYANG DRIVE  
SINGAPORE 508969

## **Point of Impact / General Description of Damages**

The vehicle sustained impact / damages o/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,017.80
Revised Amount	:S\$	1,667.80
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,667.80

Lump Sum Repair :S\$

## **Total Loss Consideration**

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

## **Remarks**

( ) The vehicle is economical/not economical for repair.

( X ) The above survey was conducted on a 'without prejudice' basis.

Team: ARC Repair TP(CLSO)1		JOB CARD Sales Order: 3803206		JC NO.305115050	
CUSTOMER		REGN NO: SHD6947M		MILEAGE	
NAME: COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI		FUEL	
CUSTOMER NO: 7010045		MODEL: I-40		E.....1/2.....F	
ADDRESS: 383 SIN MING DRIVE		YR OF MANU: 08.10.2015		DATE/TIME IN: 08.02.2018 11:55	
Singapore SINGAPORE 575717		CHASSIS CODE: RMHLB41UMGU078455		TARGET DATE	
65508755 (R) (O)				COMPLETION DATE/TIME:	
(P)					
COUNT CARD NO.					

JOB DESCRIPTION

Accident Date: 07.02.2018  
NATURE: 3P 07.02.18/B-

3/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHD6947M FZ MSIG		Vehicle No.: SHD6947M	
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	
returned to Service Reception upon collection			

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	08/02/2018 13:49
Date Of Accident	07/02/2018 19:00
Exact Location Of Accident	PIE(TUAS) PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD6947M
<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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	LUA BEE CHUAN
NRIC No	S1202760E
Date Of Birth	29/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 201 TANJONG RHU ROAD #12-07
Postcode	436917
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	SIDE SWIPE
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: : - GENDER: : MALE

#### 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	FX7701S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHUA CHING SIONG
NRIC/Passport Number	F8397790Q
Contact Number	83936183
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	FRT LEFT





No. Of Passenger (Including Driver)

**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:

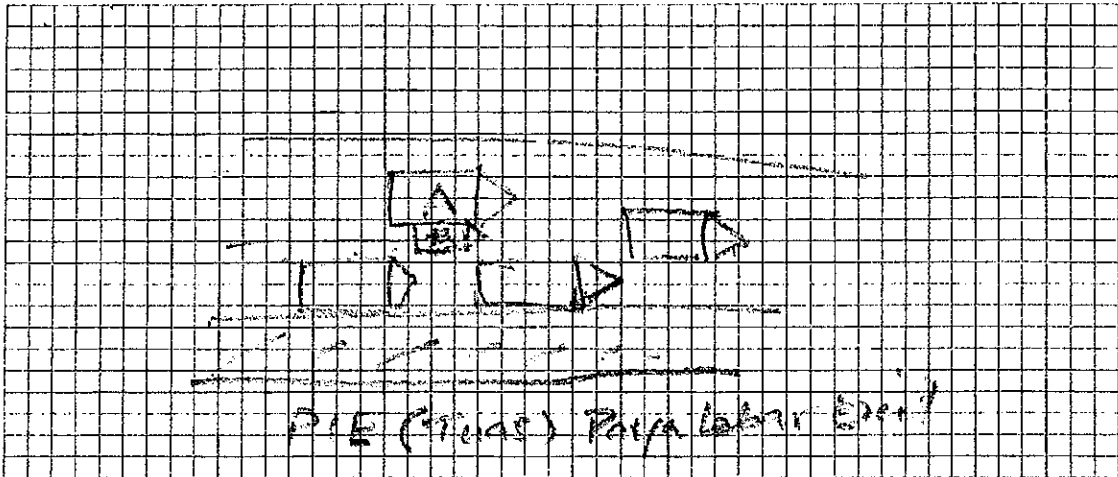
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIA/MAC SketchPlanForm\_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) 84D6947M B) FX 77018 <sup>Veh A</sup>

@ 7/2/18 at about 1900h while I was travelling towards the highway along the merging slip road, Veh B squeeze through my vehicle and another unknown vehicle to overtake and lost control. Veh B subsequently collided on the front right door portion of my vehicle.

DECLARATION

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

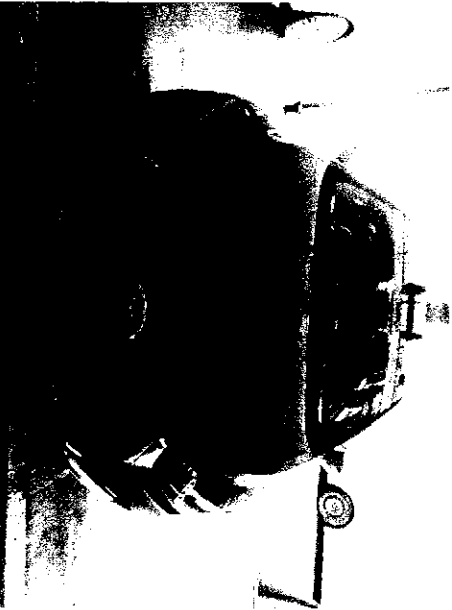
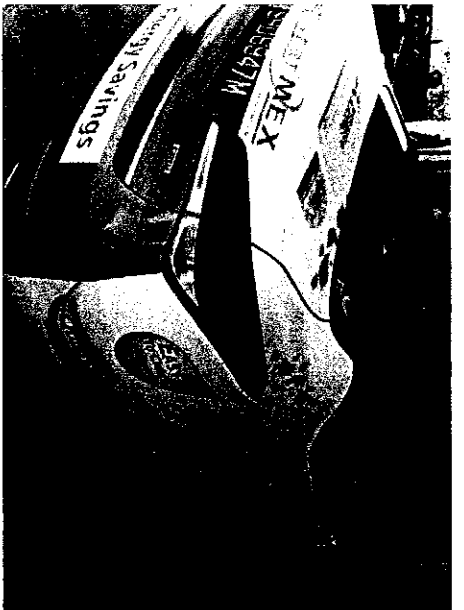
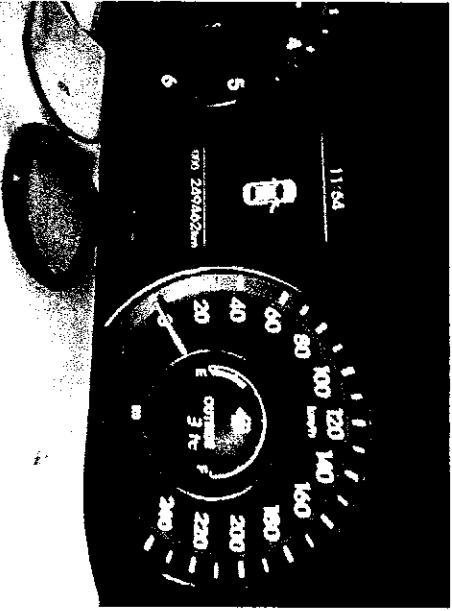
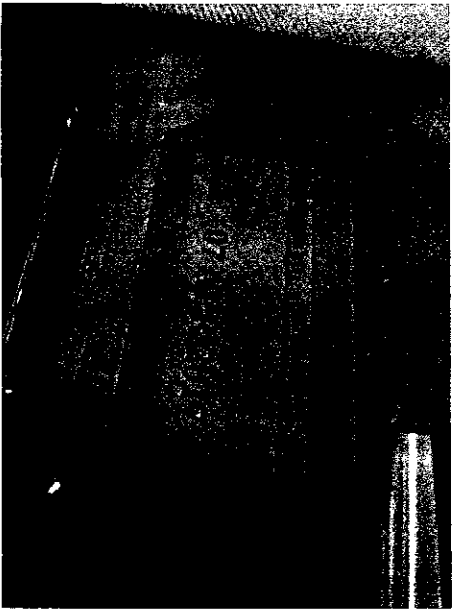
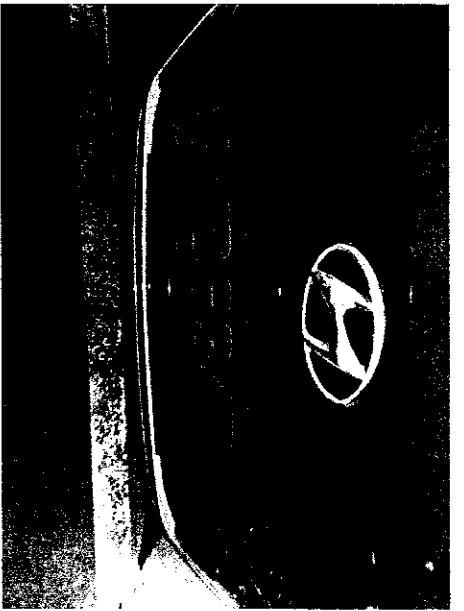
COMFORT TRANSPORTATION PTE LTD  
CO. REG NO. 199303821R

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.:

CIAD940 SketchPlanForm\_V3



**MODEL** : H-140

**PREPARED BY : FAUZY**

**TP INSURANCE : MSIG**

[illegible]

Kalun 1 Clock  
11 9/2/18 1405 hr  
2 Bags  
P/H  
Benton Paint photo

**IKK Auto Consultants** hence notify the Repairer of the following:

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

**\$2,017.80**

**Acknowledged by Repairer**  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305115050  
Date : 13.02.2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD6947M

Date of Accident : 07.02.2018

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

1. The repair job shall bill to: MSIG — FX 7701S
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,197.80</u>
(b) Labour Charges	<u>\$470.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$1,667.80</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
<b>Final Lumpsum Repair cost</b>	<u>                    </u>

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : K. L.

Date : 13/2/18

## 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		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.02.2018

## REPAIR ESTIMATE

Time: 11:28:51

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 : 305115050  
REGN NO : SHD6947M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 08.10.2015  
DATE/TIME IN : 08.02.2018 11:55  
ACCIDENT DATE : 07.02.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0592-G I40VC PANEL ASSY-FR DR RH 1 1,403.50 20.00 1,122.80

0002 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 1 75.00 2.00- 75.00

SUB-TOTAL : 1,197.80

## JOB NATURE

0000 20-05 RENEW ADVERTISMENT FRT RH DOOR 100.00

0001 L PANEL BEATING 100.00

0002 L SPRAY PAINTING CHARGE 180.00

0003 L WIRING CHARGE 20.00

0004 L TRANSFER DOOR 50.00

0005 L TUFF KOTE 20.00

SUB-TOTAL : 470.00



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 13.02.2018

Time: 11:28:51

Page: 2

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

JOB NO : 305115050  
REGN NO : SHD6947M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 08.10.2015  
DATE/TIME IN : 08.02.2018 11:55  
ACCIDENT DATE : 07.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,667.80

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Feb 2018		09 Feb 2018 11:16 <a href="#">Edit Adj Rpt</a>	<b>S\$1,667.80</b> <a href="#">Edit Estimates</a>	<b>S\$1,667.80</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS		[Created by insurer]
Insured:	Chua Ching Siong, ID: F8397790Q	
Main Claimant:	Comfort Transportation Pte Ltd, Co. Reg. No.: 199303821R	
Vehicle Reg. No.:	SHD6947M	Date of Loss: 07/02/2018 19:00 - :59
Claim Type:	TP / MSC/V/18-000223	Policy/Cover Note No.: MSD/VMT/17-360734-CA Coverage: 26/02/2017 - 25/02/2018
Vehicle Reg. No. (Insured):	FX7701S	Policy No. (Claimant):
		Excess:
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300	
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Lionel Tan Tian Pei - 6643 1307]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN ] ... [Final Rpt due 11/03/2018]	
Adj Asg. Remarks:	Survey - Car in. Thank you.	

**ASSOCIATED MAIL RECEIVED**

[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

**ALL ASSOCIATED TASKS**

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



## Claim Documents


**\*SHD6947M (MSC/V/18-000223)**  
**[FX7701S]**





























**TP**

**Comfort Transportation Pte Ltd**  
**Feb 7 2018 7:00PM**  
**[Chua Ching Siong]**  
**ComfortDelGro Engineering Pte Ltd**


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Assessment Reports			1 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	13/02/18 11:51	Adjuster Immediate Advice	 Load HTM	

Photos/Images			3 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
2	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
3	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
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14	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
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21	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
22	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
23	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
24	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
25	09/02/18 17:48	General View	 Load JPG	<input checked="" type="checkbox"/>
26	12/02/18 17:59	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
27	12/02/18 17:59	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
28	12/02/18 17:59	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print

1	09/02/18 10:03	Estimate & TP GIA Report		Load PDF	
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## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<b>Reset</b>	<b>Save</b>	<b>Print</b>
There are no document checklists configured.			

**Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**

**Show Remarks To:** ☐ Handling Insurer  
Note: Remarks are private unless you show it to other parties.



**LKK Auto Consultants Pte Ltd** (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

**VEHICLE DAMAGE INSPECTION REPORT**

**Our File No:** CS/MSG18002673/K1RD3E2  
**Date:** 26/02/2018

**REFERENCE**

**Handling Insurer:** MSIG Insurance (Singapore) Pte. Ltd. **Policy No:** MSD/VMT/17-360734-CA  
**Claimant Vehicle No :** SHD6947M **Insured Vehicle No :** FX7701S  
**Date of Loss:** 07/02/2018 **Nature of Claim:** TP **Claim No:** MSC/V/18-000223

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

**Reg No:** SHD6947M  
**Make & Model:** HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M) **Engine No:** D4FDFU546180  
**Reg. Date:** 08/10/2015 (Man. Year: 2015) **Chassis No:** KMHLB41UMGU078455  
**Colour:** Blue **Odometer:** 249462 km  
**Engine Capacity:** 1685 cc  
**Market Value/New Car Price:** N/A  
**Sum Insured (\$\$):** Market Value/New Car Price

**CONDITION OF VEHICLE AT THE TIME OF SURVEY**

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

**CONDITION OF TYRES**

**Front Tyre Size:** 205/60 R16 **Rear Tyre Size:** 205/60 R16  
**Front Left Side:** West Lake 7 mm **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

<b>COST OF CLAIMS</b>	<b>Repairer's</b>	<b>Adjuster's</b>	<b>Difference</b>	<b>Diff %</b>
Parts	1,297.80	1,297.80	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	720.00	370.00	350.00	48.61
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (\$\$)</b>	<b>2,017.80</b>	<b>1,667.80</b>	<b>350.00</b>	<b>17.35</b>
<b>+ GST 7.00/7.00% (\$\$)</b>	<b>141.25</b>	<b>116.75</b>	<b>24.50</b>	<b>17.35</b>
<b>Nett Amount (\$\$)</b>	<b>2,159.05</b>	<b>1,784.55</b>	<b>374.50</b>	<b>17.35</b>

**INSPECTION**

**Date of Assignment:** 09/02/2018  
**Date Inspected:** 09/02/2018 **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

Reference

**Part Source:** MRM-SG    **Version:** 1.0 (Last Synchronised: 26 Feb 2018)

**Parts:**        143        HYUNDAI I40 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M) (Catalogue:Merimen Singapore 1.0)

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

**Print Code:**    (Unsubmitted, no print-code for SHD6947M)

**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		*FRONT DOOR RH	Dented	1,403.50 FL	*1,403.50 FL
2	1		*FRT DOOR STICKER (RH) - COMFORT	Necessary	75.00 FS	*75.00 FS
3	1		*FRT DOOR RH ADVERTISEMENT - STICKERS	Necessary	100.00 FS	*100.00 FS
				<b>Sub Total (S\$)</b>	<b>1,578.50</b>	<b>1,578.50</b>
				<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>280.70</b>	<b>280.70</b>
				<b>Total Parts (S\$)</b>	<b>1,297.80</b>	<b>1,297.80</b>

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

Report was unsubmitted during this print-out.



Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	SPRAY PAINTING	New	200.00	180.00
2	WIRING CHARGE	New	50.00	20.00
3	TRANSFER OF DOOR	New	120.00	50.00
4	TUFF KOTE	New	50.00	20.00
5	PANEL BEATING	New	300.00	100.00
Gross Labour Cost (\$\$)			720.00	370.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >