

2/13/2018

ASS. REC. BY:

REF: CS/TMI18003061/Klad3<sup>72</sup>

Special Instruction:

Surveyor: Kalvin Merimen

ASSIGNMENT (Office)

From (Person): Pauline Tham

of TMI

Date/Time: 14/02/2018 @ 12:25pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 8256R

Insured: SKS 709J

at Workshop m/s Comfort Delgro

Tel: 6214 8300

of 59 Loyang Drive

Policy No: MW007472

Claim No: M1800938

Sum Insured:

Excess:

Make of Veh:

D.O.A. 14/02/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 12:35pm @ 14/2/18

Person Contacted:

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	SHC 8256R - CC3/AIG/16024798/H1hg3q2 D.O.A: 25/12/2016
	SKS 709J - X





## 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 : CS/TMI18003061/K1qd3

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 15-02-2018

Code : TMI



### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKS 709J	Veh. Inspected	SHC 8256R
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (PAULINE THAM)	Assign Date	15/02/2018

### 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		Inspection Date	14/02/2018
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.
--

# Survey Department Check List (Case Handler)

Reference No.: *C8/1M/18003061/K9d3*  
Policy Type: OD / TP / TP RES / TL / EVA

*SHC 8256R*

Case Handler

Typist

**Admin** ( *Nivitha* ): 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.	<i>✓</i>			
C Customer Code	<i>✓</i>			
N Assign From	<i>✓</i>			
C Assign Date	<i>✓</i>			
C Veh No (Inspected)	<i>✓</i>			
C Veh No (Insured)	<i>✓</i>			
C D.O.A	<i>✓</i>			
C Policy No	<i>✓</i>			
C Claim No	<i>✓</i>			
C Insurance Authorisation (CA /REV/REP)				
C Report Type	<i>✓</i>			
C Weekend Charges				
N Survey held at/Repairer	<i>✓</i>			
C Excess				

**Surveyor** ( *Kelvin* ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

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

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

C Damaged Vehicle Photographs Uploaded	<i>✓</i>			
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## (3) Workshop Estimate/Assignment Form

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

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

C Resurvey photo Uploaded	<i>✓</i>			
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Check By:

*[Signature]*  
Case Handler

*02/3/18*  
Date

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

21/05/2014

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Feb 2018 10:56 <a href="#">Sendback Est</a>	14 Feb 2018 11:10 <b>S\$4,395.24</b>	14 Feb 2018 12:25 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8256R	Date of Loss:	14/02/2018 00:00 - :59
Claim Type:	TP	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):	SKS709J	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by <b>Pauline Tham</b> ]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [ <b>Final Rpt</b> due 26/02/2018]		

### 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.

## 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	14/02/2018 09:45
Date Of Accident	14/02/2018 06:05
Exact Location Of Accident	CARPARK BLK 895 TAMPINES ST 81
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8256R
<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

### Vehicle Particulars

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

### Insurance Company

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	

### Driver

Name of Driver	TEO WI CHENG PETER
NRIC No	S0054472H
Date Of Birth	26/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1974
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	PETERTWC@GMAIL.COM

Address	BLK 895A TAMPINES STREET 81 #08-914
Postcode	521895
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

#### 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	SKS709J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT RIGHT
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

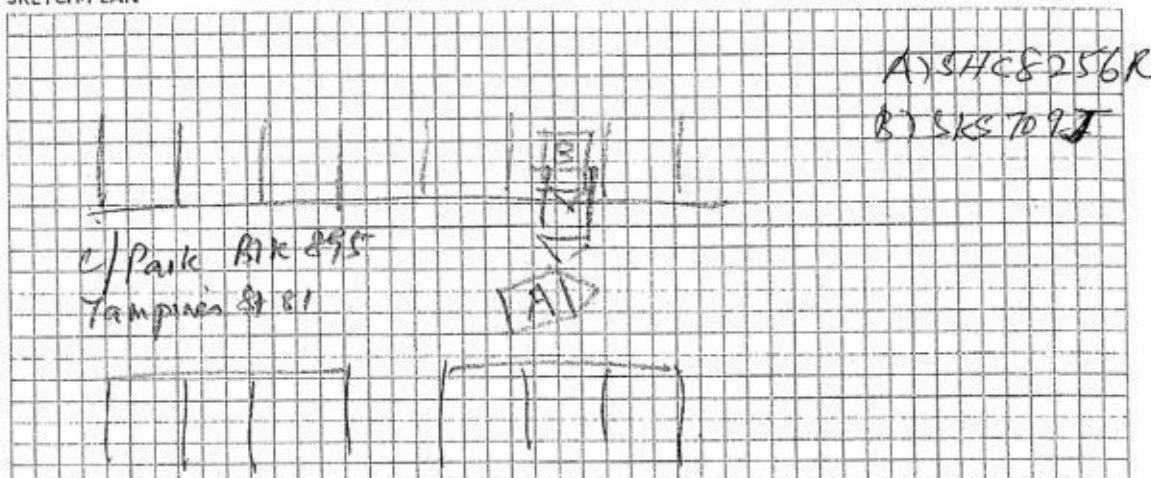
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/2/18 at about 0605hrs while I was driving along the carpark, Veh B from his parked lot suddenly drove out and collided on the front left portion of my vehicle. I wish to state that Veh B did not turn on his headlights to make him visible in the darkly lighted carpark.

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:

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

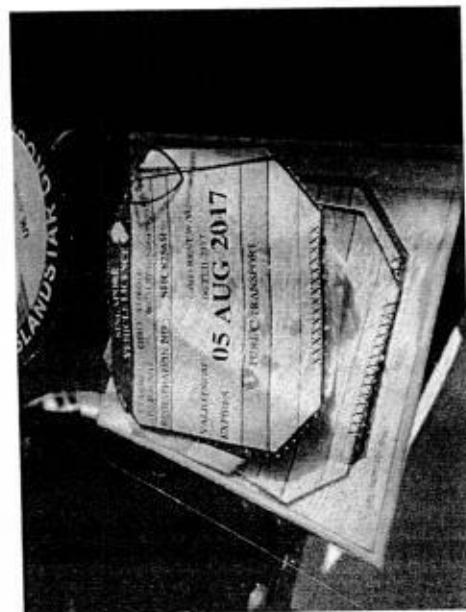
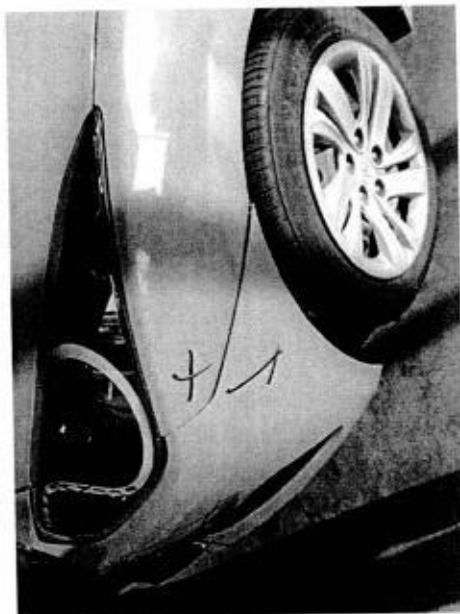
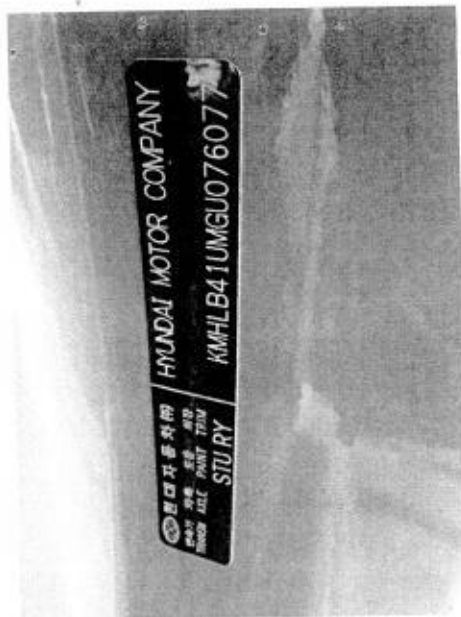
Date & Time:

*[Signature]* 14/2/18  
S R Moorthy  
CSO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Date/Time: 14.02.2018 10:43

Page : 1

nam: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO. 305116812

COMER	REGN NO SHC8256R	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD 7010045	MAKE HYUNDAI	FUEL E.....1/2.....F
COMER NO 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 14.02.2018 08:40
LESS Singapore SINGAPORE 575717 65508755	YR OF MANU 06.08.2015	TARGET DATE
(R) (P)	CHASSIS CODE KMHLB41UMGU076077	COMPLETION DATE/TIME:
QUINT CARD NO.		

### JOB DESCRIPTION

ccident Date: 14.02.2018  
ATURE: 3P 14.02.18/C

/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC8256R

JU TOKIO LKK

Vehicle No.:

SHC8256R

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**

Singapore

**PARTICULARS OF CLAIM**

Claim Type: THIRD PARTY	Ref. No:	
Policy No:	Date of Loss:	14/02/2018
Vehicle Reg. SHC8256R	Driveable?	YES
No.:		
Party At UNKNOWN		
Fault:		
Make/Model: HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	06/08/2015
Vehicle BLUE	Gen Condition:	GOOD
Colour:		
Engine No: D4FDFU530444	Chassis No:	KMHLB41UMGU076077
Odometer: 0 KM		
Paint Type:		
List Item 20.00 %		
Discount:		
Total Loss? NO		
Est. 5		
Duration of Repair (day)		
Present COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		
Location:		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	3,785.24
Miscellaneous Items	10.00
Labour	600.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>4,395.24</b>
<b>+ GST 7.00% (S\$)</b>	<b>307.67</b>
<b>Nett Amount (S\$)</b>	<b>4,702.91</b>

**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: 14 Feb 2018)**Parts:** 143      **HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)****Labour:** Repairer's      **(Price-denominated Standard List)****Print Code:** ComfortDelGro Engineering Pte Ltd/SHC8256R/14/02/2018 11:10**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		*RADIATOR GRILLE — <i>eng</i>	20.00	0.00	*1,400.00 FL
2	1		*FRT BUMPER ASSY — <i>adk</i>	20.00	0.00	*1,050.20 FL
3	1		*FRT BUMPER SPONGE <i>Ken</i>	20.00	0.00	*142.20 FL
4	1		*FRT BUMPER REINFORCEMENT <i>Ken</i>	20.00	0.00	*526.10 FL
5	1		*FRT BUMPER BRACKET LH <i>Ken</i>	20.00	0.00	*22.40 FL
6	1		*FRT BUMPER BRACKET RH <i>Ken</i>	20.00	0.00	*22.40 FL
7	1		*FRT BUMPER SIDE BRACKET RH <i>Ken</i>	20.00	0.00	*24.60 FL
8	1		*FRT BUMPER SIDE BRACKET LH <i>Ken</i>	20.00	0.00	*24.60 FL
9	1		*FRT NUMBER PLATE WITH CASING <i>Ken</i>	0.00	0.00	*55.00 F
10	1		*HEADLAMP ASSY LH — <i>eng</i>	20.00	0.00	*1,388.00 FL
11	1		*FRT BUMPER GRILLE LH — <i>eng</i>	20.00	0.00	*40.30 FL
12	10		*FRT BUMPER CLIPS — <i>adk</i>	20.00	0.00	*22.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) **4,717.80**- List Item Discount on L Items (S\$) **932.56**Total Parts (S\$) **3,785.24**

ComfortDelGro Engineering Pte Ltd/SHC8256R/14/02/2018 11:10. 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	PANEL BEATING	New	<del>350.00</del> 200
2	SPRAYPAINT	New	<del>200.00</del> 150
3	WIRING	New	<del>50.00</del> 20
Gross Labour Cost (S\$)			600.00

ComfortDelGro Engineering Pte Ltd/SHC8256R/14/02/2018 11:10. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kah 11KM  
14/2/18 1120 hrs.  
3 days  
PIP  
Before Part photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after colour painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "No Prejudice" basis
- No illegal modifications allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:  
Signature:  
Date:



## COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.02.2018

## REPAIR ESTIMATE

Time: 12:54:56

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 : 305116812  
REGN NO : SHC8256R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 06.08.2015  
DATE/TIME IN : 14.02.2018 08:40  
ACCIDENT DATE : 14.02.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 FNPS	NO PLATE(S)	1 N	55.00	0.00	55.00
0002 04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1	1,400.00	20.00	1,120.00
0003 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,050.20	20.00	840.16
0004 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40
0005 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0006 04-01-0103-4891-G	I40V3 COVER-FR FOG LAMP B	1	40.30	20.00	32.24

SUB-TOTAL : 3,175.40

## JOB NATURE

0000 L	PANEL BEATING- FRT.	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 L	MERIMEN FEE	10.00

SUB-TOTAL : 410.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.02.2018

Time: 12:54:56

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 : 305116812  
REGN NO : SHC8256R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 06.08.2015  
DATE/TIME IN : 14.02.2018 08:40  
ACCIDENT DATE : 14.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,585.40

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

## COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508989  
Fax: 6546 8156

Our Job Ref No : 305116812  
Date : 21/02/2018

### FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SHC8256R Date of Accident : 14/02/2018

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

1. The repair job shall bill to: TOKIO --- SKS709J  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$3,175.40
  - (b) Labour Charges ### \$410.00
  - Total for Part-By-Part Repair Cost** \$3,585.40
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
**Final Lumpsum Repair cost** \_\_\_\_\_
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 : [Signature]  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature : [Signature]  
Name : Kalin  
Date : 27/2/18

### 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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:

## 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/TMI18003061/K1QD3N2

Date: 06/03/2018

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MW002492
Claimant Vehicle No :	SHC8256R	Insured Vehicle No :	SKS709J
Date of Loss:	14/02/2018	Nature of Claim:	TP
		Claim No:	M1800938

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC8256R	Engine No:	D4FDEU451139
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU076077
Reg. Date:	06/08/2015 (Man. Year: 2015)	Odometer:	519423 km
Colour:	Blue		
Engine Capacity:	1685 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:	205/60R16	Rear Tyre Size:	205/60R16
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

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,785.24	3,175.40	609.84	16.11
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	600.00	400.00	200.00	33.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>4,395.24</b>	<b>3,585.40</b>	<b>809.84</b>	<b>18.43</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>307.67</b>	<b>250.98</b>	<b>56.69</b>	<b>18.43</b>
<b>Nett Amount (S\$)</b>	<b>4,702.91</b>	<b>3,836.38</b>	<b>866.53</b>	<b>18.43</b>

## INSPECTION

Date of Assignment:	14/02/2018 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	14/02/2018 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days	

Adjuster: KALVIN ANG WEI KUN

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 06 Mar 2018)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHC8256R)	
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RADIATOR GRILLE	Cracked	1,400.00 FL	*1,400.00 FL
2	1		*FRT BUMPER ASSY	Deformed	1,050.20 FL	*1,050.20 FL
3	1		*FRT BUMPER SPONGE	Serviceable	142.20 FL	*- FL
4	1		*FRT BUMPER REINFORCEMENT	Serviceable	526.10 FL	*- FL
5	1		*FRT BUMPER BRACKET LH	Serviceable	22.40 FL	*- FL
6	1		*FRT BUMPER BRACKET RH	Serviceable	22.40 FL	*- FL
7	1		*FRT BUMPER SIDE BRACKET RH	Serviceable	24.60 FL	*- FL
8	1		*FRT BUMPER SIDE BRACKET LH	Serviceable	24.60 FL	*- FL
9	1		*FRT NUMBER PLATE WITH CASING	Cracked	55.00 F	*55.00 F
10	1		*HEADLAMP ASSY LH	Cracked	1,388.00 FL	*1,388.00 FL
11	1		*FRT BUMPER GRILLE LH	Cracked	40.30 FL	*40.30 FL
12	10		*FRT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>4,717.80</b>	<b>3,955.50</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>932.56</b>	<b>780.10</b>
<b>Total Parts (\$\$)</b>	<b>3,785.24</b>	<b>3,175.40</b>

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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	PANEL BEATING	New	350.00	200.00
2	SPRAYPAINT	New	200.00	180.00
3	WIRING	New	50.00	20.00
Gross Labour Cost (S\$)			600.00	400.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;