Mumun From (Person	Kalvin Pauling	2 Tham of _	TMI (Office		14/02/2018@12:25pm
Estimated Co.	st		Bill to:		
To Inspect Ve	ehicle No:	RESTEVATING	68	Insured S	ks7091
at Workshop of	m/s	Comforts	Prive	Tel:63	148300
Policy No:_	JUN 0	59 toyong	Claim No	. M(800	938
Sum Insured:			Excess		
					11 1-
Make of Veh (Client's Recor				D.O.A.	14/02/2018
(Client's Recor CA / REV	d) / REP. / REV	24 HRS wp	acted:	1107	F.1
(Client's Recor CA / REV Date/Time:	d) / REP. / REV	1218 Person Cont			F.1
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(Client's Recor CA / REV	Action/Instruct	112/18 Person Cont tion ( ) Est 56/2 - 003/AIG	imate	H.O.D. Vehicle <b>(</b>	Endorsement:

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Truck / Trailer or  Make:  O inspect Vehicle No:  If Workstop mis  of  If Workstop mis  Ociour  Bira AC: Insugal Std INI NA  Screeding	rom: Date:	Veh No: SH	(825 6 K Yr Regn: My	12015
Make:	stimatelCost:	Type: M.Car / M.Cycle /	Bus / Van / Lorry / T 🗗 / Prime Mo	ver/
Ack of the process of	DITPIWS ITP RES / OD RES / EVA / INV / MV			
Workstop m/s   Colour   B/- AC   Insured   Std   Ni   Na		Make:	fr. & Z40 0.0,	
Sp.Reading 5/9423 T.Redio: Insugid / Std / Ni / Na Insured:  Delians No.  Sum In sound:  Excess:  C(Client's Record)  Make of Veh:  (Policy Condition)  Reamerk: The veh had commenced its repair at the time of inspection.  Beat or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Get. Resen:  Gal / PR seen:  Consistent?: Yes or No  Ca / Rev / Rep. / 24 HRS  Date:  Person Contacted:  Person Contacted	one where the second se		A/C: Insured I	Std / NI / NA
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Steering: Inorded: Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD Algilm or Tyre Size: F: 20 / 60 RC 6  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value: IDAC Accident Report: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: 10 days Res.: Yes or No Lum Sum: 1/2 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time		Gen. Cond: Good / For	/ Poor / Burnt	
Client's Record)   Make of Veh:   Modi:   Nil / S/Rim / STD A/Bim or		Steering: Inorder / James	med / Leaked / Burnt or	
Modi: NII / S/Rim / STD A@im or Tyre Size: F: 20 T 6 o R / 6 Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Acdient Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time: Action / Instruction  27 H/R  Date: Person Contacted: Date / Time: Action / Instruction  Date / Time: Action / Instruction  Date / Time: Action / Instruction  CA / REP. / Seen: Seen		Brake: Inorder i Jami	med / Leaked / Burnt or	
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Acodent Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est Repairs:  A days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Person Contacted:  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	( <b>4</b> ) 10000 000000 000000000000000000000000	Modi: Nil / S/Rim /	그리트	
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  // days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  Date:  Person Contacted:  Date:  Person Contacted:  Date / Time		Tyre Size; F:	20T/60R16	
Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est Repairs:  Adays Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time  Action / Instruction  27 July / Chassis frame / Body Structure affected due to collision.  Print  Resurvey No. of Trip:  Resurvey No. of Trip:  Transportation:  28 Product  Resurvey No. of Trip:  Resurvey Fee:  Transportation:  28 Priodos  Report Format:  Lum Market Value:  Rear  RBal.  RBal.	(Policy Condition)		4	
repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  Adays Res.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  27/3/4  Consistent?: Yes or No  Date:  Description:  Date:  Description:  Date:  Description:  Date:  Description:  Resurvey No. of Trip:  Description:  Transportation:  Date:  Date:		O/S BS / DUN / EXNOVA /		/SUMI/
Date   Time   Action   Instruction   Person Contacted:   Preli. Report   Consistent?   Yes or No		TOYO / YOKO or	Wellela	
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Surn: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction   File Pass to?    Date / Time   Action / Instruction   File Pass to?   Survey Fee: Transportation: Date / Time   Survey Fee: Transportation: Date / Time / Libit (8 ) Photos   Photos   Cheers   Survey Fee: Transportation: Date / Time / Libit (8 ) Photos   Cheers   Che	Bal or Market Value:	Front	Rear	4
GIA / PR Seen: Consistent?: Yes or No  Est Repairs:		/	mm R/Bal.	7 mm
Est Repairs:		L/Bal. 7	mm L/Bal.	mm
Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time   Action / Instruction  27 / 1/4   Charler   Property   Pro	OIA / TH GOOM	D.O.A. 14/2/18	D.O.I. /4/	2/18
Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	Lot repaire.		(Phe (by-	2/
Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction  27/3/14 Chard P 3585 & 3 Mys (Ped 8 8 9 84 , (8%) 7. Kio P/P  Date/Time, File Pass to?  Date/Time, File Return to?  28 Add Fee: Site Insp (\$ ) \$ + RS SI 10  Report Format: WKK-Tr  Lump / M / LBd 8 3585 40	Edill Odnic.	INDERVISION CONTROL OF	/ Rear / O/S / N/S / U/C / Rog	ftop or
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time			Fort N/s	
Date Time, File Return to?  Add Fee: Site Insp (\$			s frame / Body Structure affected	due to collision.
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Date/Time, File Pass to?  1) Preli. Report  2) Add Fee:  1] Site Insp (\$				mento
Date/Time, File Pass to?  1) Preli. Report  : Final Report  Date/Time, File Return to?  2)  Add Fee:  : Site Insp (\$ )S+RSSI				
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Survey Fee:   Survey Fee:   Transportation:   100   Street   Survey Fee:   Transportation:   100   Street   S			-2	
Date/Time, File Return to?			lu.	
2) Add Fee: : Site Insp (\$ ) _s+Rs,_si 10 : Interview (\$ ) Photos : Tech. Invs (\$ . ) Others : Weekend (\$		Resurvey No. of Tr		am
Comparison   Com	NY.	Add East Site Inen (S	L. CONSTRUCTION	
Report Format: UKR-TP : Tech. Invs (\$ . ) Others : Lump / In / LB.H. (8 3585.40 : Weekand (\$	2)			
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	to the same of the	Secretary Control		
The state of the s	Lump X-m / LIBH (# 7303-40	I WYEEKSING (	TOTAL	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

TOP	(IO MARINE INSUI	RANCE SINGAPORE LTD	Ref : CS/TMI180030	61/K1qd3		
	MCCALLUM STREI KIO MARINE CENT	ET #09-01 RESINGAPORE 069046	Date: 15-02-2018 Code: TMI			
1.		Policy Particulars	:- THIRD PARTY CLA	IM		
	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 Part	iculars & Condition			
	Make & Model		c.c	0		
	Engine No. HIDDEN Year of Reg.					
	Chassis No.		Colour			
	Odometer -		Steering			
	Brakes		Modification			
	General					
3.		Condi	tions 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.		Descript	ion of Damages			
5.	ElSpenier No. 101	Gener	al Information			
	Accident Date		Inspection Date	14/02/2018		
	Survey held at	COMFORTDELGRO ENGINES 59 LOYANG DRIVE SINGAPORE 508969				
5a.		F	Remarks			
		ON WAS CONDUCTED ON A"WI				

Reference No.: CS 1M180030611K1943 SHC 8256K Policy Type: OD / TP / TP RES / TL / EVA Case Handler MVIFUS ): Case handler to make sure all Information created by the assignment team are ACCURATE. Admin ( Y-Date N-Date Y-Date N-Date (1) Office Assign Form C Reference No. C Customer Code N Assign From C Assign Date C Veh No (Inspected) C Veh No (Insured) C D.O.A Policy No C C Claim No Insurance Authorisation (CA /REV/REP) C C Report Type Weekend Charges C N Survey held at/Repairer C Excess Surveyor ( Calua ): Case handler to make sure the surveyor completed all required information. (1) Assignment Form Vehicle No Regn Month/Year C N . Vehicle Type Make & Model N C Engine Capacity. (C.C) N Colour Odometer. (Sp.Reading) C Chassis No General Condition N Steering Brake N N Modification (Modi) C Tyre Size Tyre Make N C Tyre Balance C Date of Inspection Survey held N N Des.of Damages (2) System - (Views/Merimen) Damaged Vehicle Photographs Uploaded (3) Workshop Estimate/Assignment Form ALL Parts condition Market Value for OD cases C Estimate Repair Cost for PRI (RSI, TMI, MSIG) C Days of repair Finalised Amount Re-inspection Cases to Finalize within 5 Days (4) System - (Views/Merimen) Resurvey photo Uploaded Check By:

Date

Survey Department Check List (Case Handler)

Case Handler

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

LAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rot	Adj Submitted	Ins Auth'ed	Status
Main	14 Feb 2018 10:56	14 Feb 2018 11:10	14 Feb 2018 12:25				New Assignment
	Sendback Est	S\$4,395.24	Assign				Caricer Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAI	ILS	AKUNCHUSTOWN COMMUNICATION AND AND AND AND AND AND AND AND AND AN	Additional of the second secon	
Insured:	CTPL, Co. Reg. No.: 1993	303821R		
Main Claimant:	CTPL			
Vehicle Reg. No.:	SHC8256R	SHC8256R Date of Loss: 14/0		
Claim Type:	TP	Policy/Cover Note	No.:	
Vehicle Reg. No. (Insured):	SKS709J	Policy No. (Claimar	nt):	
		Excess:	S\$0,00	
Repairer:		ing Pte Ltd (Loyang) 59 Loya		
Handling Insurer:		Singapore Ltd (HQ) - Tel: 62:		
Adjuster:	LKK Auto Consultants Pt	e Ltd (HQ) - Tel: 6256-3561 .	[Final Rpt due 26/02/	2018]
ASSOCIATED MAIL RECEI	VED		View All	Compose Case Mai
There are no mail for this cas	e.			
ALL ASSOCIATED TASKS	3	View	All Search Tasks Create	New Task   Complet
Due Date Priority Ty No results.	rpe Task Group Subje	ct Handler Assigned B	y Completed On C	Created On Done

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.

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.

	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	
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	
Vahiela Particulars		

Vahicle	<b>Particulars</b>	
venicle	Particulars	

HYUNDAI Manufacturer 140 Model

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 THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

YES

Fleet Policy Policy Number

D-18088936MFSH

Cover Note Number

Driver

TEO WI CHENG PETER Name of Driver

S0054472H NRIC No 26/06/1953 Date Of Birth OUTDOOR Occupation 04/05/1974 Date Of Driving Pass

43 YEARS AND 9 MONTHS **Driving Experience** 

MALE Gender

Mobile Number Fax Number

Contact Number

PETERTWC@GMAIL.COM EMail Address

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. Number of Passengers (Including Driver)

NO 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** 

PRIVATE CAR

Vehicle Category 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)

Page 2 of 17

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- 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.
- 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.
- 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:
  - 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

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

Date & Time:

Reporting Centre Personnel's Signature

S'R Moorthy

Name:

NRIC/FIN No .:

GIARRAC SketchPlanForm\_V3

1.1

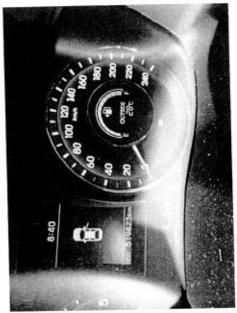
6.1

## Sketch Plan Pg. 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  An IAPPIE at about 9605 his while Is cleh A  Was driving along the carpant, cleh B from to  my garled bot suddenly above out and  collished on the front than of my calvide.  I wish to state that the distribution of my calvide.  I wish to state that the distribution of my calvide.  I wish to state that the distribution of my calvide.  I wish to state that the distribution of my calvide.  Distribution on his headlights to make him  Wishold in the darkly lighted curpack.  BEORY TRANSPORTATION PTELTO  CO. REG. NO. 19930821R  Policylolder's Signature  Oute & Time:  Date & Time:  Date & Time:  NRICEPIN NO.:	SKETCH PLAN		-111111		(-111)-	~	J
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  On 14/2/18 at about 9605 km while I cleh A  Was driving along the carpark, cleh B from to  In 14/2/18 at about 9605 km while I cleh A  Was driving along the carpark, cleh B from to  In 14/2/18 at about 9605 km while I cleh A  Was driving along the carpark, cleh B from to  Collidat on the front token of my technicle.  I wish to state that tole B did not  Aus and in the addights to make him  Usible in the darkly lighted carpark.  BEORT TRANSPORTATION PTE LTD  COLORED NO 1930/3021R  Date & Time:  Date & Time:  Date & Time:  RECTION 100:  Reporting Centre Personnel's Signature  Name:  Name						A)3H	c8256
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  On 14/2/18 at about 8605 hm while L cel A  Was driving along the carpank, cel B from to  thin parked by suddenly above out and  collided on the front plothen of my cielicle.  2 mish to spate that tel B did not  hun on his headlights to make him  Usible in the darkly lighted carpank.  BECHARATION  1/We declare the foregoing particulars are true in every respect.  So Reporting Centre Personnel's Signature  (If driver is not the policyholder)  Date & Time:  Name:	10 4 80 29	5	IMIZ.	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		B) \$k\$	709.7
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On 14/2/18 at about 8605 km while Is can A  Was always along the carparte, cleh B from the  tim parked to f suddenly above out and  collisted on the front plother of my cieliste.  I mish to state has been been been about the following the material materials.  This on his heardlights to make him  Usible in the darkly highted carpark.  Beclaration  I/We declare the foregoing particulars are true in every respect.  BORT TRANSPORTATION PTE LTD  CO REG NO. 199303821R  Policyholder's Signature Date & Time:							
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this parked to f suddenly above out and  collided on the front plation of my cielicle.  2 mish to state that the B did not  this on his headlights to make him  Wishble in the darkly lighted carpark.  DECLARATION  1/We declare the foregoing particulars are true in every respect.  SR Moorthy  CSO  Reporting Centre Personnel's Signature  Date & Time:  Date & Time:  Name:  N	60						1
DECLARATION  I/We declare the foregoing particulars are true in every respect.  TO REG. NO. 199303821R  Policyholder's Signature Date & Time:  Date & Time:  Date A time:  Policyholder's Signature Date & Time:  Da			- 15				1
DECLARATION  I/We declare the foregoing particulars are true in every respect.  IFORT TRANSPORTATION PTE LTD  CO REG. NO. 199303821R  Policyholder's Signature Date & Time:  Date & Time:  Policyholder's Name: NRIC/FIN No.:			0 9.				
DECLARATION  I/We declare the foregoing particulars are true in every respect.  IFORT TRANSPORTATION PTE LTD  CO REG. NO. 199303821R  Policyholder's Signature Date & Time:  Date & Time:  Policyholder's Name: NRIC/FIN No.:	coulded on h	ie front	porte	n of	my c	ehid	<u>.</u> .
DECLARATION  I/We declare the foregoing particulars are true in every respect.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  SR Moorthy  CSO  Reporting Centre Personnel's Signature  Date & Time:  Date & Time:  NRIC/FIN No.:			2				
DECLARATION  I/We declare the foregoing particulars are true in every respect.  IFORT TRANSPORTATION PTE LTD  CO REG. NO. 199303821R  Policyholder's Signature Date & Time:  Date & Time:  Date & Time:  Date & Time:  Name: NRIC/FIN No.:							
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I/We declare the foregoing particulars are true in every respect.  SR Moorthy CSO  Reg. NO. 199303821R  Policyholder's Signature Date & Time:  Date & Time:  Date & Time:  Name: NRIC/FIN No.:				<b>*</b>			
I/We declare the foregoing particulars are true in every respect.  SR Moorthy CSO  Reg. NO. 199303821R  Policyholder's Signature Date & Time:  Date & Time:  Date & Time:  Name: NRIC/FIN No.:							- 420
I/We declare the foregoing particulars are true in every respect.  SR Moorthy CSO  Reg. NO. 199303821R  Policyholder's Signature Date & Time:  Date & Time:  Date & Time:  Name: NRIC/FIN No.:			-111				
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I/We declare the foregoing particulars are true in every respect.  SR Moorthy CSO  Reg. NO. 199303821R  Policyholder's Signature Date & Time:  Date & Time:  Date & Time:  Name: NRIC/FIN No.:						Λ	/
CO REG. NO. 199303821R  Policyholder's Signature  Date & Time:  Date & Time:  Date & Time:  Reporting Centre Personnel's Signature  Name:  NRIC/FIN No.:	I/We declare the foregoing particulars	NUV	spect.				
Date & Time: NRIC/FIN No.:	Policyholder's Signature	Driver's Signature					7.00
GIARRAC Sherch Plan Form _ V3			policyholder)				

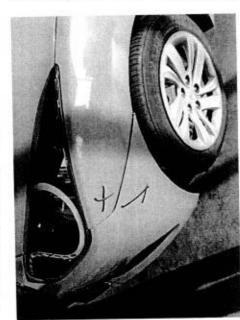
Page 4 of 17



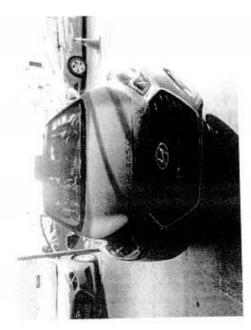




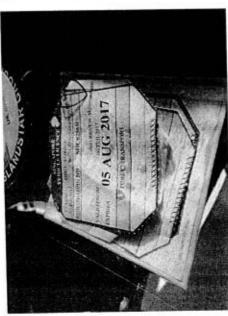


















member of COMFORTDELGRO

Date/Time: 14.02.2018 10:43 Page: 1

eam:	ARC	Repair	TP(CLSO)1

JOB CARD Sales Order: JC NO305116812

OMER	REGN SHC8256R	MILEAGE
COMFORT TRANSPORTATION PTE LTD 5 7010045	MAKE HYUNDAI	FUEL EF
OMER NO 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717	MODELT-40 14	02.2018 08:40
(P) 65508755 (O)	YR OF 06.08.2015	TARGET DATE
(P) DUNT GARD NO.	CHASSIS CADE 41UMGU076077	COMPLETION DATE/TIME:
JUNI CAND NO.		

JOB DESCRIPTION

ccident Date: 14.02.2018 ATURE: 3P 14.02.18/C

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:		_			
SERVICE ADVISOR				CUSTOMER'S SIGNATURE	
/ledgement Slip		Exit Pass			
No.: SHC8256R	JU TOKIO LKK	Vehicle No.:	SHC8256R		
of Service Advisor	Signature/Date	Name of Service A		Date	

14/02/2018

06/08/2015

KMHLB41UMGU076077

GOOD

YES

## 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?

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

CTPL

Singapore

PARTI	CIII	ARS	OF	CI	ΔIM

Claim Type: THIRD PARTY

Policy No:

Vehicle Reg. SHC8256R

No.:

Party At

UNKNOWN

Fault:

Make/Model: HYUNDAI I40, 1.7 D CRDI (A)

Vehicle BLUE

Colour:

Engine No: D4FDFU530444

Odometer: 0 KM

5

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		3,785.24
Miscellaneous Items		10.00
Labour		600.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	4,395.24
	+ GST 7.00% (S\$)	307.67
	Nett Amount (S\$)	4,702.91

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)

Validity:

Print Code: ComfortDelGro Engineering Pte Ltd/SHC8256R/14/02/2018 11:10 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 ~ ~	20.00	0.00	*1,400.00 FL
2	1		*FRT BUMPER ASSY - Del-	20.00	0.00	*1,050.20 FL
3	1		*ERT BUMPER SPONGE Xxx	20.00	0.00	*142.20 FL
4	1		*FRT BUMPER REINFORCEMENT	20.00	0.00	*526.10 FL
5	1		TERT RUMPER PRACKET LU A	20.00	0.00	*22.40 FL
6	1		*FRT BUMPER BRACKET RH	20.00	0.00	*22.40 FL
7	1		*FRT BUMPER SIDE BRACKET RH	20.00	0.00	*24.60 FL
8	1		*FOT DUMBED SIDE BRACKET I H	20.00	0.00	*24.60 FL
9	1		*FRT NUMBER PLATE WITH CASING	0.00	0.00	*55.00 F
10	1		*HEADLAMP ASSY LH	20.00	0.00	*1,388.00 FL
11	1		*FRT BUMPER GRILLE LH	20.00	0.00	*40.30 FL
12	10		*FRT BUMPER CLIPS	20.00	0.00	*22.00 FL
F=Fr	anchise	part. L=ListIter	mDisc.			4,717.80
			Sub Total (S\$)			
			<ul> <li>List Item Discount on L Items (S\$)</li> </ul>			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
Mis 1	cellan 1	eous Items OD/TP Case (Insurer)		10.00
			Sub Total (S\$)	10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Lab	our Items	144	25200 2
1	PANEL BEATING	New	350.00 2 200.00 8
2	SPRAYPAINT	New	
3	WIRING	New	50.00 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 >

Kalar 1(E4)

14/2/8 1120 ha.

2 lays

Ple Before Part photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after corny painting
- To display damaged partis, during resurvey
- Parts prices are subject to confination.
- . Third party survey alon an arthhol. Prejudice" basis.
- No illegal modificationus is serviced.
- Supplementary tem(s) must be resurved and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.02.2018

Time: 12:54:56

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 REGN NO MILEAGE : 305116812 : SHC8256R : 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

OTY 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

Date: 21.02.2018 Time: 12:54:56

Page: 2 REPAIR ESTIMATE

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

AUTHORISED: YES/NO SURVEYOR NAME & SIGNATURE

MVA NAME & SIGNATURE

DATE:

DATE:

## COMFORTDELGRO ENGINEERING

ur J	ur Job Ref No :30511			6812			S 7075	
ate : 21/02/2			21/02/	2018			59 Loya	DelGro Engineering Pte Ltd ing Drive Singapore 508969 46 8156
INA	LIZATI	ON FOR	M				1 84.00	70 0100
o	:		LK	К			Fax:	
ttn	:	850	KA	LVIN				
/ehic	le Reg	No. :	SHC825	6R		Date	of Accident:_	14/02/2018
'ho s	unvev.	and estin	males of the	repairs of the	above-me	ntioned v	vehicle are as	follows:-
								SKS709J
	The r	epair job	shall bill to:	:	TORIO			3K37090
2.	The f	inalized	amount sha	il be:				
	(a)	Spare	Parts after L	List discount				\$3,175.40
	(b)	Labou	r Charges			###		\$410.00
		Total	for Part-By-	Part Repair C	ost			\$3,585.40
	(c.)	Lumps Total f	sum Repair ( for Lumpsum	(if applicable) n repair cost af	ter Less:	20%		*
				Repair cost				
	Wes	shall tre		for repairs: _		eraria un		is no reply from you
4.	We s	shall tre in 7 wo	at the above	e amount as (		d Confi		
4.	We s with Thar	shall tre in 7 wor nk you fo	at the above rking days	e amount as (		We fina	confirm the es	stimates and
4.	We s with Than	shall tre in 7 woo nk you fo	at the above rking days	e amount as (		We fina	confirm the es	
4.	We swith Than Sign Nam	shall tre in 7 woo nk you fo	at the above rking days or your assis	e amount as o		We fina Sig Na	confirm the etallized amount	stimates and
4.	We swith Than Sign Nam Tel	shall tre in 7 woo nk you fo nature : ne :	at the above rking days or your assis JUMANI	e amount as distance.		We fina Sig Na	confirm the established amount	stimates and
4.	We swith Than Sign Nam Tel Fax	shall tre in 7 wor nk you fo nature : ne :	at the above rking days or your assis	e amount as o		We fina Sig Na	confirm the established amount	stimates and
4.	We swith Than Sign Nam Tel Fax	shall tre in 7 woo nk you fo nature : ne :	at the above rking days or your assis	e amount as distance.	Correct an	We fina Sig	confirm the established amount	stimates and
4.	We swith Than Sign Nam Tel Fax	shall tre in 7 wor nk you fo nature : ne :	at the above rking days or your assis	e amount as distance.	Doc At	We fina Sig Na	confirm the established amount	stimates and
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4. 5.	We swith Than Sign Nam Tel Fax Officia	shall tre In 7 wor nk you for sature: ne : : If Use C	JUMANI 62 Only	e amount as 0 stance. 214 8315 5468 156	Dot At Ye	We final Sig Nai Dai	confirm the establishment in the confirm the establishment in the confirm by Confirm By	Kahin 23/2/d
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1.   2.   3.   4.   5.	We swith Than Sign Nam Tel Fax Officia Rental Loss of Survey	shall tre In 7 wor  nk you for  sature:  ne :  Item  Rate P/If Income Fees earch Fees or, if app	JUMANI 62 60 Only Day Paid	e amount as 0 stance.  214 8315 5468 156  Amount	Dot At Ye	We final Sig Na Da cument tached s or No YES	confirm the establishment in the confirm the establishment in the confirm by Confirm By	Kahin 23/2/d

## 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

Tokio Marine Insurance Singapore Ltd

Policy No:

MW002492

Claimant

Insurer:

SHC8256R

Insured Vehicle No:

SKS709J

Vehicle No: Date of Loss:

14/02/2018

Nature of Claim:

TP

Claim No: M1800938

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

**SHC8256R** 

Make & Model:

HYUNDAI 140, 1.7 D CRDi (A) 06/08/2015 (Man. Year: 2015) Engine No:

D4FDEU451139

519423 km

Reg. Date:

Blue

Chassis No: Odometer:

KMHLB41UMGU076077

Colour:

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:** 

Good Steering (Serviceable): Engine Modification: Yes

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes Average

Handbrake (Serviceable): 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 Parts Miscellaneous Items	Repairer's 3,785.24 10.00	Adjuster's 3,175.40 10.00	Difference 609.84 0.00	Diff % 16.11 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	
Gross Total (S\$)	4,395.24	3,585.40	809.84	18.43
+ GST 7.00/7.00% (S\$)	307.67	250.98	56.69	18.43
Nett Amount (S\$)	4,702.91	3,836.38	866.53	18.43

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

Referen		Version: 1.0 (Last Synchronised: 06 Mar 2018)
Parts: Labour:	143 Repairer's	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0) (Price-denominated Standard List)
Print Code: Validity:	These estimate	no print-code for SHC8256R) les are valid only if they contain the print code (above) on all estimate pages, running page the END OF ESTIMATES marker on the last estimate page
Further Info		not in reference catalogue are prefixed with an asterisk *.

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
	1		*FRT BUMPER BRACKET LH	Serviceable	22.40 FL	*- FL
5 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
	anchise	part. L=ListIte	mDisc.			
				Sub Total (S\$)	4,717.80	3,955.50
			- List Item Discount on L Item	s 20.00/20.00% (S\$)	932.56	780.10
				Total Parts (S\$)	3,785.24	3,175.40
			Report was unsubmitted during	og this print-out		

Re No		ended Miscellaneo	us Items	Repairer's	Amount
Misc	ellaneou			10.00	10.00
1	1 01	O/TP Case (Insurer)		70.00	
			Sub Total (S\$)	10.00	10.00
Re	comm	ended Labour			
No	Particu	lars	Lab.Type	Repairer's	Amount
Lab	our Items				
1	PANEL	BEATING	New	350.00	200.00
2	SPRAY	PAINT	New	200.00	180.00
3	WIRING	3	New	50.00	20.00
			Gross Labour Cost (S\$)	600.00	400.00
		Repo	rt was unsubmitted during this print-out.		

< END OF ESTIMATES >