

ASS. REC. BY:

REF: CS/TMI18003216/Kqd3<sup>n2</sup>

Special Instruction:

Surveyor:  
Maximen

Kalvin

ASSIGNMENT (Office)

From (Person):

Dillen Senthilan

of

TMI

Date/Time:

20/2/18 @ 8.59am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 8983A

Insured:

SLR 5285A

at Workshop m/s:

Comfort Delgro (L)

Tel:

6214 8300

of

59 Loyang Drive

Policy No:

MI000894

Claim No:

MI000944

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/2/18

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

9.31am @ 20/2/18

Person Contacted:

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (→) Estimate	
	SHC 8983A - NA / TMI 18003065 / r3	D.O.A: 14/2/18
	SLR 5285A - NA / TMI 18003065 / r3	D.O.A: 14/2/18

Given to: Kelvin

REF:

## 2 ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimate No: \_\_\_\_\_

OD / TRES / TP RES / OD RES / EVA / INV / MV

To: Insured Vehicle No: \_\_\_\_\_

at Work Slip m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

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

Excess: \_\_\_\_\_

(Client Record)

Makes of file: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Balance Market Value: \_\_\_\_\_

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

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

Est Repairs: 2 days Res: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Veh No: \_\_\_\_\_

SHC 8983A

Regt: \_\_\_\_\_

19 May 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Tractor / Prime Mover /

Truck / Trailer or

Make: \_\_\_\_\_

Hyundai Z40

CC

1685

Colour: \_\_\_\_\_

Blue

A/C

Insu

Std

NI

NA

Sp. Reading: \_\_\_\_\_

19 13 64

T/Radio

Insu

Std

NI

NA

Eng No: \_\_\_\_\_

C No: \_\_\_\_\_

KM HCD X 144 640 89815

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

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

F: \_\_\_\_\_

205 / 60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Har Kik

Front

Rear

R/Bal. \_\_\_\_\_

2

mm

R/Bal. \_\_\_\_\_

2

mm

L/Bal. \_\_\_\_\_

2

mm

L/Bal. \_\_\_\_\_

2

mm

D.O.A. \_\_\_\_\_

14/2/18

D.O.I. \_\_\_\_\_

20/2/18

Survey held at \_\_\_\_\_

1046 (bmt)

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

O/S Fnt.

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

Date / Time	Action / Instruction
23/2/18	Calculated P/P + 2147.52 / 2 Pys. (Red B 391.92, 10%) Tolko P/P

RECEIVED 26 FEB 2018

Date/Time, File Pass to?



: Prel. Report

1) 26/2 2018



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$



: Interview (\$



: Interview (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

250
10

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

Affiliated to Federation Internationale Des Experts En Automobile				
TOKIO MARINE INSURANCE SINGAPORE LTD		Ref : CS/TMI18003216/K1qd3		
20 MCCALLUM STREET #09-01 TOKIO MARINE CENTRESINGAPORE 069046		Date : 20-02-2018		
		Code : TMI		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLR 5285A	Veh. Inspected	SHC 8983A	
Policy No.	MI000894	Coverage (\$)	0.00	
Claim No.	M1800944	Excess (\$)	0.00	
Assign From	MERIMEN (DILLEN SENTHILAN)	Assign Date	20/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	c.c		0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	Colour			
Odometer	-	Steering		
Brakes	Modification			
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	14/02/2018	Inspection Date	20/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

# Survey Department Check List (Case Handler)

Reference No.: CS/TMI/8003216/KL9d3  
Policy Type: OD / TP / TP RES / TL / EVA

SAC 8983A

Case Handler

Typist

**Admin** ( Smith ): 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.	<input checked="" type="checkbox"/>			
C Customer Code	<input checked="" type="checkbox"/>			
N Assign From	<input checked="" type="checkbox"/>			
C Assign Date	<input checked="" type="checkbox"/>			
C Veh No (Inspected)	<input checked="" type="checkbox"/>			
C Veh No (Insured)	<input checked="" type="checkbox"/>			
C D.O.A	<input checked="" type="checkbox"/>			
C Policy No	<input checked="" type="checkbox"/>			
C Claim No	<input checked="" type="checkbox"/>			
C Insurance Authorisation (CA /REV/REP)	<input checked="" type="checkbox"/>			
C Report Type	<input checked="" type="checkbox"/>			
C Weekend Charges	<input checked="" type="checkbox"/>			
N Survey held at/Repairer	<input checked="" type="checkbox"/>			
C Excess	<input checked="" type="checkbox"/>			

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

## (1) Assignment Form

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

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

C Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>			
--	-------------------------------------	--	--	--

## (3) Workshop Estimate/Assignment Form

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

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

C Resurvey photo Uploaded	<input checked="" type="checkbox"/>			
---------------------------	-------------------------------------	--	--	--

Check By: [Signature] 26/2/18  
Case Handler Date

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Feb 2018 17:42 <a href="#">Sendback Est</a>	19 Feb 2018 17:45 <b>S\$3,627.12</b>	20 Feb 2018 08:59 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

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

#### CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8983A	Date of Loss:	14/02/2018 11:00 - :59
Claim Type:	TP / M1800944	Policy/Cover Note No.:	MI000894 (Comprehensive) Coverage: 25/05/2017 - 24/05/2018
Vehicle Reg. No. (Insured):	SLR5285A	Policy No. (Claimant):	
		Excess:	S\$1,800.00
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 Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 01/03/2018]		

#### 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 16:50
Date Of Accident	14/02/2018 11:45
Exact Location Of Accident	HAVELOCK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8983A
<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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	SIM KWONG HOCK
NRIC No	S7706059F
Date Of Birth	03/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1999
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	MARTINSIM77@YAHOO.COM.SG

Address	BLK 22 ST GEORGE,S ROAD #12-180
Postcode	321022
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)	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

#### 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	SLR5285A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG SIN ING
NRIC/Passport Number	S1535048B
Contact Number	96789613
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	



## Sketch Plan Pg. 1

### 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:

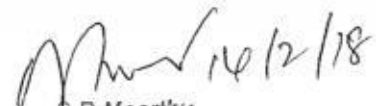
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

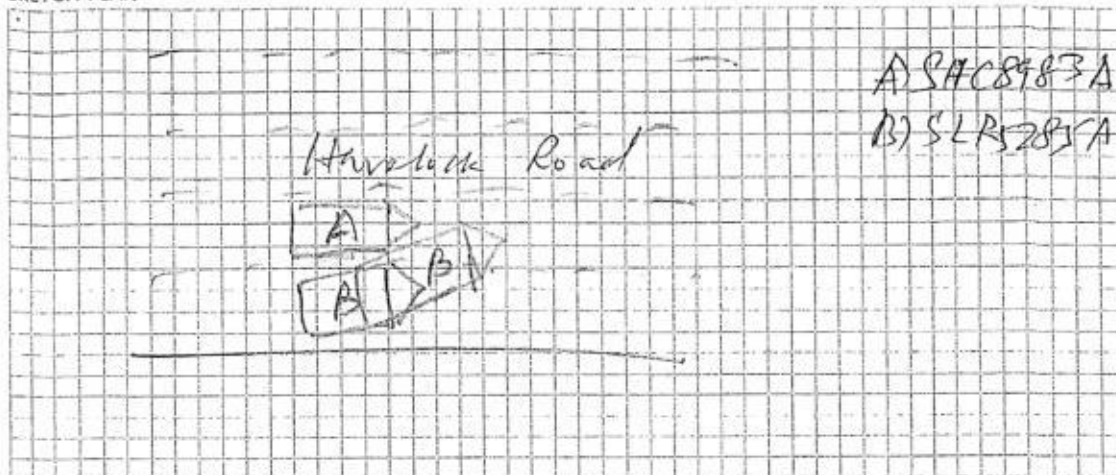
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

  
S R Moorthy  
CSO



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/2/18 at about 1145hrs while I Veh A was driving straight ahead in my lane, Veh B from the right lane intercepted into my lane and collided on the front right portion of my vehicle.

*[Handwritten signature]*

## 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.:

*[Handwritten signature]*  
S R Moorthy  
CSO 14/2/18





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117420

CUSTOMER

COMFORT TRANSPORTATION PTE LTD  
AS 7010045  
CUSTOMER NO 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO.

SHC8983A

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 19.02.2018 10:45

YR OF MANU

19.05.2016

TARGET DATE

CHASSIS CODE

KMHLE41UMGU089815

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Occident Date: 14.02.2018

ATURE: 3P 14.02.18

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHC8983A

JU TOKIO LKK

Vehicle No.:

SHC8983A

Signature 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

Ju

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**  
CTPL

CP/P H. K. K.

Singapore

**PARTICULARS OF CLAIM**

Claim Type: THIRD PARTY

Ref. No:

Policy No:

Date of Loss:

14/02/2018

Vehicle Reg. SHC8983A

Driveable?

NO

No.:

Party At UNKNOWN

Fault:

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

Vehicle Reg. Date:

19/05/2016

Vehicle BLUE

Gen Condition:

GOOD

Colour:

Engine No: D4FDGU624925

Chassis No:

KMHLB41UMGU089815

Odometer: 0 KM

Paint Type:

List Item 20.00 %

Discount:

Total Loss? NO

Est. 6

Duration of

Repair (day)

Present COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

Location:

**COST OF CLAIMS**

**Amount**

Parts

2,437.12

Miscellaneous Items

10.00

Labour

1,180.00

Paintwork Labour

0.00

Towing

0.00

Gross Total (S\$)

3,627.12

+ GST 7.00% (S\$)

253.90

Nett Amount (S\$)

3,881.02

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

4019.04



JU

**REPAIR DETAILS****Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 19 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/SHC8983A/19/02/2018 17:45**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		*FRT BUMPER <i>Detail</i>	20.00	0.00	*562.30 FL <i>1652.20</i>
2	1		*FRT BUMPER UPR BRKT RH <i>X</i>	20.00	0.00	*22.40 FL
3	1		*HEADLAMP RH <i>X</i>	20.00	0.00	*1,388.00 FL
4	1		*FRT FENDER RH <i>Part</i>	20.00	0.00	*619.00 FL
5	1		*FRT FENDER SHIELD RH <i>X</i>	20.00	0.00	*169.80 FL
6	1		*FRT FENDER RETAINER RH <i>X</i>	20.00	0.00	*9.20 FL
7	1		*FRT WHEEL CAP RH <i>fringe</i>	20.00	0.00	*150.70 FL
8	1		*FRT FENDER ADV.STICKER RH <i>+</i>	0.00	0.00	*100.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

3,021.40

- List Item Discount on L Items (S\$)

584.28

Total Parts (S\$)

2,437.12

ComfortDelGro Engineering Pte Ltd/SHC8983A/19/02/2018 17:45. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

JU

## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<b>Miscellaneous Items</b>			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (\$\$)			10.00

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	<del>500.00</del> 300
2	SPRAY PAINTING	New	<del>400.00</del> 260
3	WIRING CHECK	New	<del>50.00</del> 20
4	TUFF KOTE	New	<del>50.00</del> 20
5	WHEEL ALIGNMENT	New	<del>120.00</del> 120
Gross Labour Cost (\$\$)			1,180.00

ComfortDelGro Engineering Pte Ltd/SHC8983A/19/02/2018 17:45. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

K. L. M. (K. L. M.)

20/2/18 1045h

2 Pys

PIP

Before part photo

**LKK 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 modifications allowed
- Supplemental claims must be resurveyed and is subject to MTR approval from Insurance Company

Acknowledged by Repairer:

Signature:

Date:



COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.02.2018

REPAIR ESTIMATE

Time: 18:09:40

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 : 305117420  
REGN NO : SHC8983A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 19.05.2016  
DATE/TIME IN : 19.02.2018 10:45  
ACCIDENT DATE : 14.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

---

PART REQUISITION

---

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0002 04-01-0103-0573-G	I40VC PANEL-FENDER RH#	1	619.00	20.00	495.20
0003 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56

SUB-TOTAL : 1,457.52

---

JOB NATURE

---

0000 L	PANEL BEATING- FRT.	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	360.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 L	MERIMEN FEE	10.00

SUB-TOTAL : 690.00

TOTAL : 2,147.52

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

## COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305117420  
Date : 21/02/2018

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC8983A  
Date of Accident : 14/02/2018

Fax :

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

1. The repair job shall bill to: TOKIO --- SCR5285A  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$1,457.52
  - (b) Labour Charges ### \$690.00
  - Total for Part-By-Part Repair Cost \$2,147.52
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
Final Lumpsum Repair cost

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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :  
Name : Kalvin  
Date : 23/2/18

### 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/TMI18003216/K1QD3N2

Date: 27/02/2018

**REFERENCE**

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MI000894
Claimant Vehicle No :	SHC8983A	Insured Vehicle No :	SLR5285A
Date of Loss:	14/02/2018	Nature of Claim:	TP
		Claim No:	M1800944

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

Reg No:	SHC8983A	Engine No:	D4FDGU624925
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU089815
Reg. Date:	19/05/2016 (Man. Year: 2016)	Odometer:	191364 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:	Good

**CONDITION OF TYRES**

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,437.12	1,457.52	979.60	40.19
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,180.00	680.00	500.00	42.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>3,627.12</b>	<b>2,147.52</b>	<b>1,479.60</b>	<b>40.79</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>253.90</b>	<b>150.33</b>	<b>103.57</b>	<b>40.79</b>
<b>Nett Amount (S\$)</b>	<b>3,881.02</b>	<b>2,297.85</b>	<b>1,583.17</b>	<b>40.79</b>

**INSPECTION**

Date of Assignment:	20/02/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	20/02/2018	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: 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: 27 Feb 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 SHC8983A)	
<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		*FRT BUMPER	Deformed	562.30 FL	*1,052.20 FL
2	1		*FRT BUMPER UPR BRKT RH	Serviceable	22.40 FL	*- FL
3	1		*HEADLAMP RH	Serviceable	1,388.00 FL	*- FL
4	1		*FRT FENDER RH	Dented	619.00 FL	*619.00 FL
5	1		*FRT FENDER SHIELD RH	Serviceable	169.80 FL	*- FL
6	1		*FRT FENDER RETAINER RH	Serviceable	9.20 FL	*- FL
7	1		*FRT WHEEL CAP RH	Grazed	150.70 FL	*150.70 FL
8	1		*FRT FENDER ADV.STICKER RH	Not Necessary	100.00 F	*- F

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>3,021.40</b>	<b>1,821.90</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>584.28</b>	<b>364.38</b>
<b>Total Parts (\$\$)</b>	<b>2,437.12</b>	<b>1,457.52</b>

Report was unsubmitted during this print-out.

## 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	560.00	300.00
2	SPRAY PAINTING	New	400.00	360.00
3	WIRING CHECK	New	50.00	-
4	TUFF KOTE	New	50.00	20.00
5	WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (S\$)			1,180.00	680.00

Report was unsubmitted during this print-out.
---

&lt; END OF ESTIMATES &gt;