

ASS. REC. BY:

REF: CS/TMI18003217/Klad3

Special Instruction: n2

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Zheng Henyang of TMI

Date/Time: 20/2/18 @ 9:07am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHB 2003Z Insured: SLH 3199R

at Workshop m/s: Comfort Delgro Tel: 6214 8300

of: 59 Juyang Drive

Policy No: MV610005 Claim No: MI800963

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/2/18
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement: _____

Date/Time: 9:31am @ 20/2/18 Person Contacted: _____ Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 2003Z - cc3/EQT17019675/K/p4392 D.O.A.: 11/10/17
	SLH 3199R - X

REF: Santa No. Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate No/ Cost: _____

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

To Insp @ Vehicle No: _____

at Work @ Site: _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Clear Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 2003 z Yr Regn: 7 May 2015

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

Truck / Trailer or: _____

Make: Hyundai 240 cc 1685

Colour: Yellow A.O. Ins: 0 / Std / NI / NA

Sp. Reading: 32821 T. Radiat. Ins: 0 / Std / NI / NA

Eng. No: _____

C/No: KM HCB 41UAF40 69282

Gen. Cond: Good / 6 / Poor / Burnt

Steering: In order / 0 / Jammed / Leaked / Burnt or

Brake: In order / 0 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / 0 / Rim or

Tyre Size: F: 205 / 60R16

R: _____

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

TOYO / YOKO or: H-kak

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 16/2/15 D.O.I. 27/2/15

Survey held at: CDGB (Gren)

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

o/s Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>22/2/15</u>	<u>Car not P/P \$1190.48 / 2 Pgs. Ured to 6640.56, 35/17 To Kin P/P</u>

RECEIVED 05 MAR 2018

Date/Time, File Pass to? : Preli. Report

1) 05/3/15 : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)

: Interview (\$)

Survey Fee:

Transportation:

\$ + P.S. \$1

Phone:

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/TMI18003217/K1qd3

20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRESINGAPORE 069046

Date : 20-02-2018



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLH 3499R	Veh. Inspected	SHB 2003Z
Policy No.	MV010005	Coverage (\$)	0.00
Claim No.	MI800963	Excess (\$)	0.00
Assign From	MERIMEN (ZHENG HANYANG)	Assign Date	20/02/2018

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	16/02/2018	Inspection Date	20/02/2018
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. : *CS/TM/18003217/KLQd3*
 Policy Type: OD / TP / TP RES / TL / EVA

SAB 20032

Case Handler

Typist

Admin (*Nirbhay*): 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)				
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				

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

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
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)		Y-Date	N-Date	Y-Date	N-Date
C	Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>			

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

(4) System - (Views/Merimen)		Y-Date	N-Date	Y-Date	N-Date
C	Resurvey photo Uploaded	<input checked="" type="checkbox"/>			

Check By: *[Signature]* *07/21/18*
Case Handler Date

*C: Critical *N: Non-Critical

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Feb 2018 18:02 Sendback Est	19 Feb 2018 18:05 S\$1,831.04	20 Feb 2018 09:07 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CCPL, Co. Reg. No.: 199502839G		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHB2003Z	Date of Loss:	16/02/2018 22:00 - :59
Claim Type:	TP / M1800963	Policy/Cover Note No.:	MV010005 (Comprehensive) Coverage: 31/10/2016 - 30/10/2018
Vehicle Reg. No. (Insured):	SLH3499R	Policy No. (Claimant):	
		Excess:	S\$600.00
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 Zheng Hanyang - 65926416]		
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	19/02/2018 13:32
Date Of Accident	16/02/2018 23:00
Exact Location Of Accident	PUNGGOL ROAD TWDS PUNGGOL END.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2003Z
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	MOHD NOOR AZMI BIN RAHMAT
NRIC No	S6925665A
Date Of Birth	19/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	AZMIRAHMAT@LIVE.CO

Address	294 05-523 PUNGGOL CENTRAL
Postcode	820294
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

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

Other Information

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

SEE ATTACH.

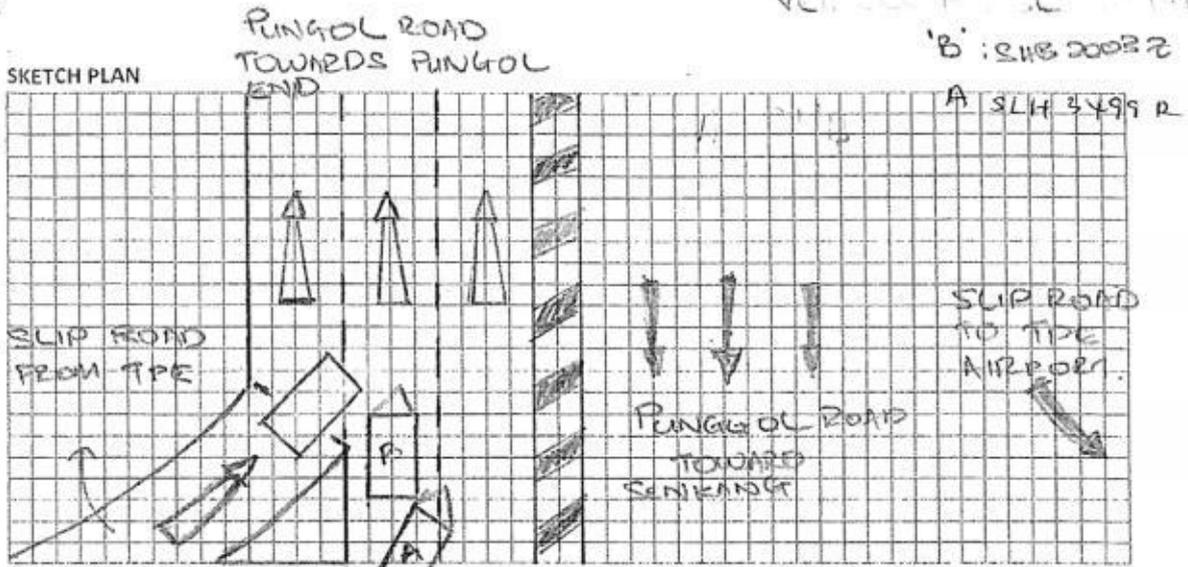
Attachment(s)

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	SLH3499R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHENG GIM SING
NRIC/Passport Number	S0088002G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/02/2018 at about 2300 hrs, I vehicle B was driving along pinggol road, while I slow down to give way to my left side vehicle. A few second later vehicle A came from my back and hit against my taxi near postie hr. no one was injured at that time

DECLARATION

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

CITYCAB PTE LTD
CO-REG. NO. 199502839r
Policyholder's Signature
Date & Time:

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

19/2/18
Jackson Hong
CSO
[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SIARIAC SketchPlanForm_V3

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.

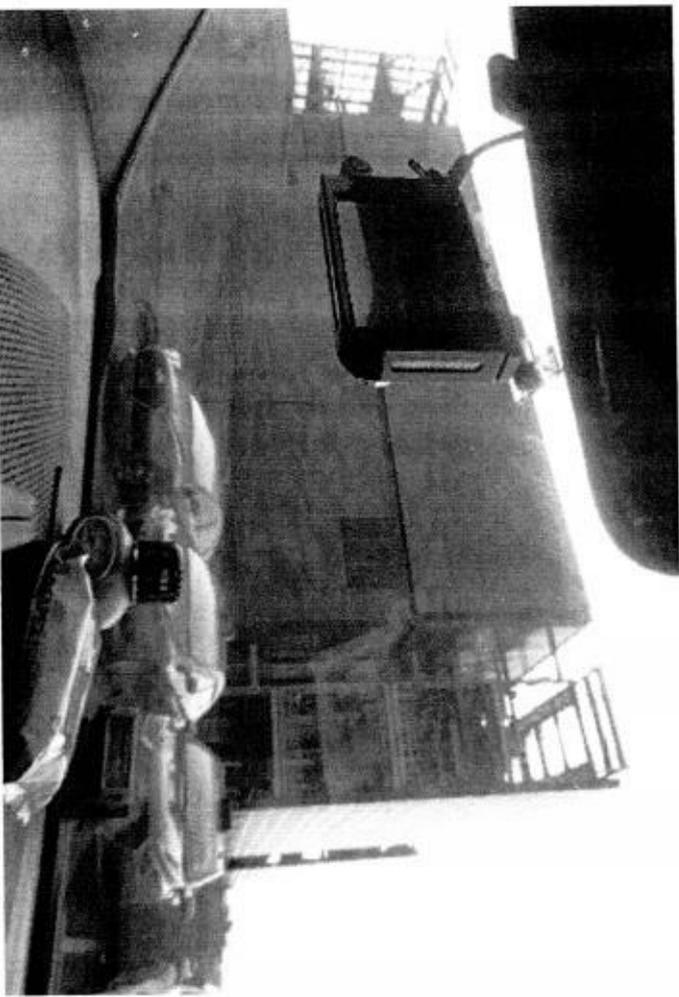
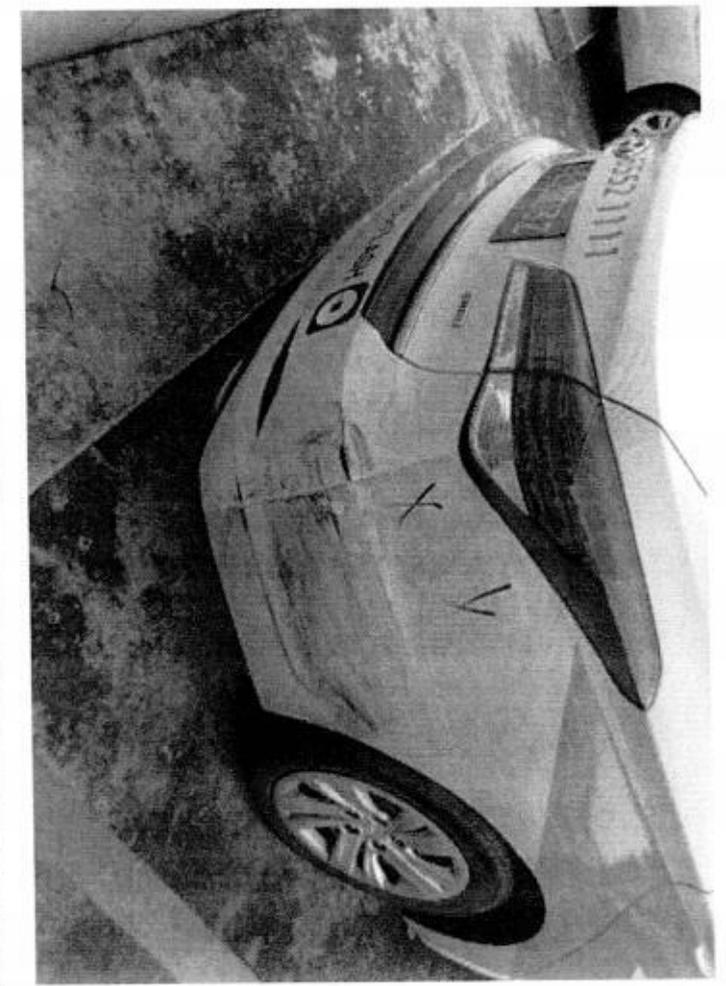
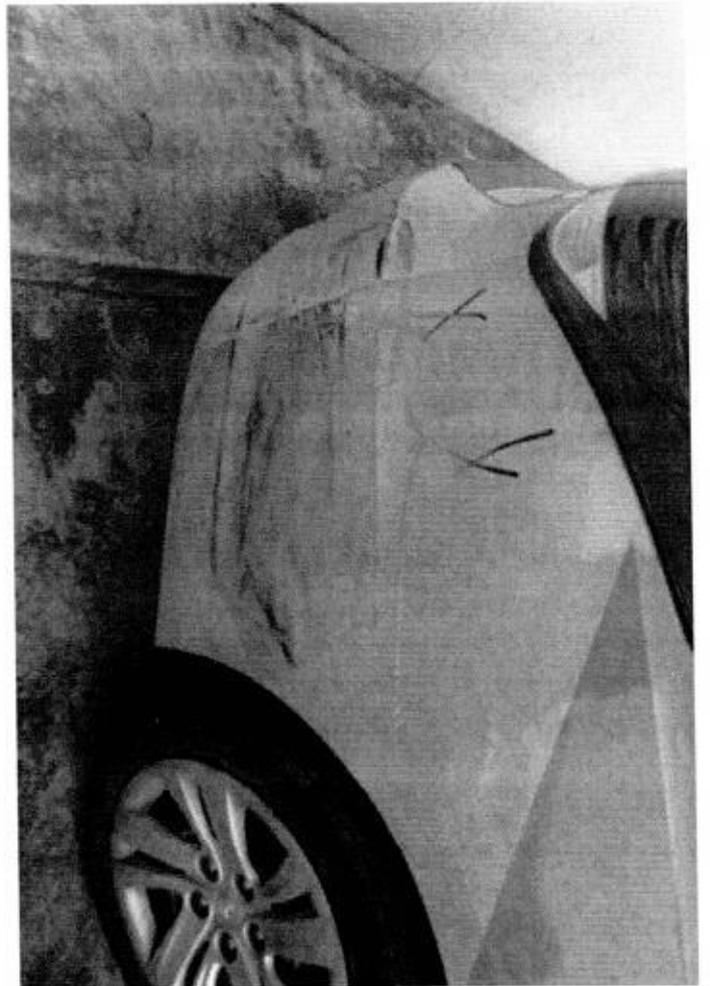
19/2/18
Jackson Hong
CSO

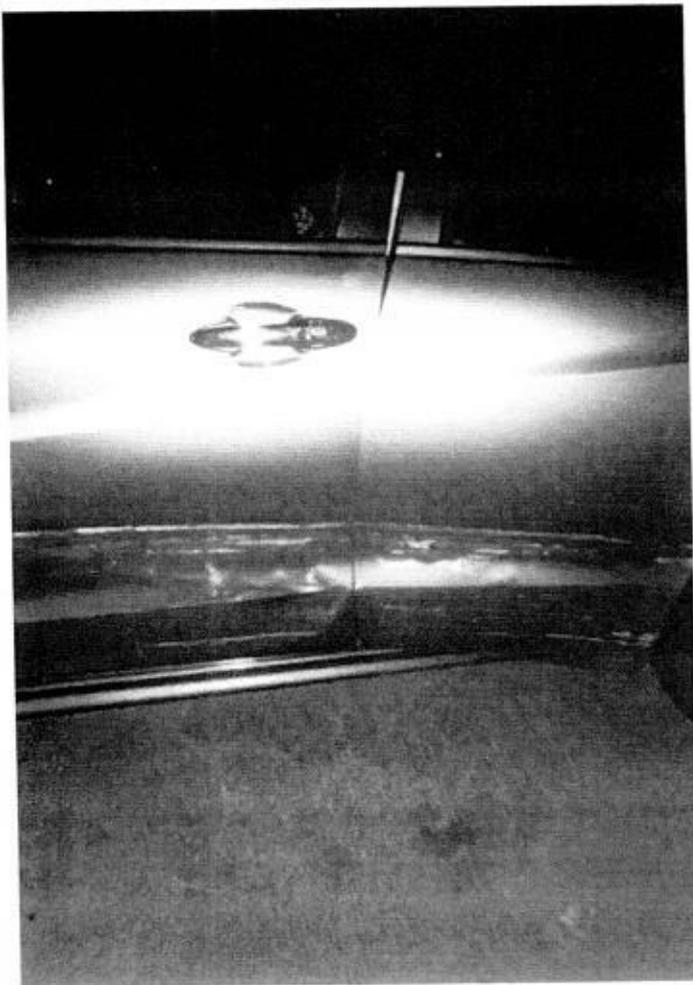
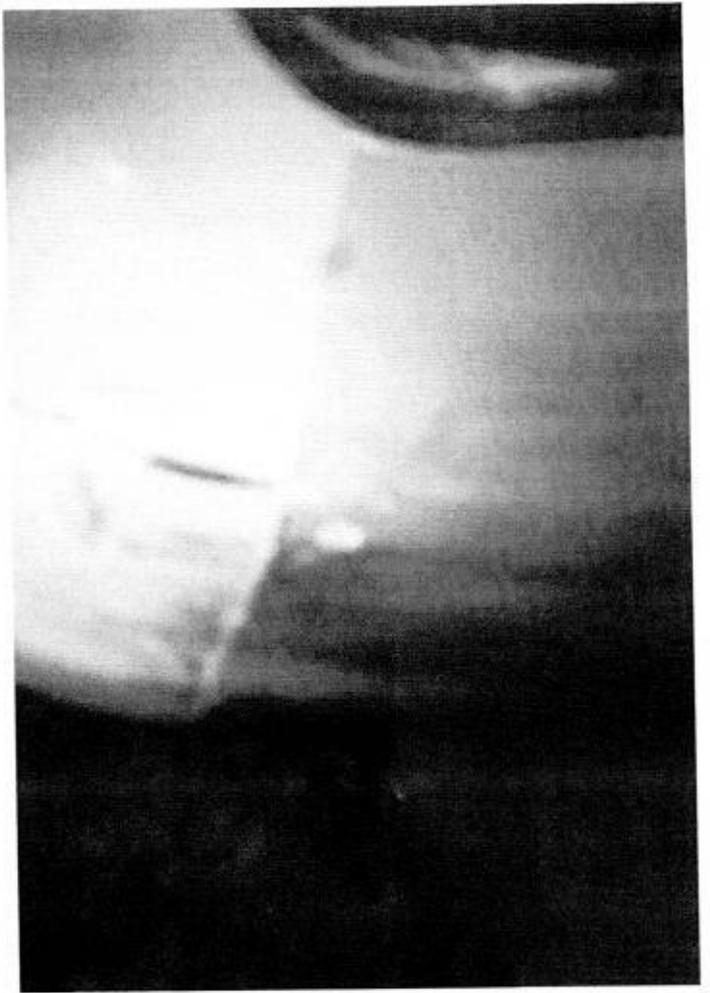
Policyholder's Signature
Date & Time:

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

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







ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CCPL

Singapore

PARTICULARS OF CLAIM			
Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	16/02/2018
Vehicle Reg. No.:	SHB2003Z	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	07/05/2015
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4DFDU502026	Chassis No:	KMHLB41UMFU069287
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		
COST OF CLAIMS			
Parts			921.04
Miscellaneous Items			10.00
Labour			900.00
Paintwork Labour			0.00
Towing			0.00
		Gross Total (S\$)	1,831.04
		+ GST 7.00% (S\$)	128.17
		Nett Amount (S\$)	1,959.21

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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/SHB2003Z/19/02/2018 18:05
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		*REAR BUMPER <i>Rebut</i>	20.00	0.00	*603.60 FL
2	10		*REAR BUMPER CLIPS <i>- ne</i>	20.00	0.00	*22.00 FL
3	1		*REAR WHEEL CAP RH <i>X sue</i>	20.00	0.00	*150.70 FL
4	1		*REAR BUMPER MAT <i>- ne</i>	0.00	0.00	*50.00 F
5	1		*REAR BUMPER ADV.STICKER <i>- add</i>	0.00	0.00	*50.00 F
6	2		*REAR FENDER ADV.STICKER RH/LH <i>- ne</i>	0.00	0.00	*200.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	1,076.30
- List Item Discount on L Items (S\$)	155.26
Total Parts (S\$)	921.04

ComfortDelGro Engineering Pte Ltd/SHB2003Z/19/02/2018 18:05. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Ju

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	380.00
2	SPRAY PAINTING	New	400.00 180
3	WHEEL ALIGNMENT	New	120.00 200
Gross Labour Cost (\$\$)			900.00

ComfortDelGro Engineering Pte Ltd/SHB2003Z/19/02/2018 18:05. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

*Kabin 1 (M14)
20/2/18 10206
2 hrs.
PIP
Before Part phl*

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 modification(s) is allowed
- Supplemental parts should be resurveyed and is subject to final approval by the Insurance Company

Acknowledged by: _____
Signature: _____
Date: _____

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.02.2018

REPAIR ESTIMATE

Time: 19:04:51

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305117533
REGN NO : SHB2003Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.05.2015
DATE/TIME IN : 16.02.2018 23:30
ACCIDENT DATE : 16.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 L 603.60 20.00 482.88

0002 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 2.00- 50.00

0003 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

SUB-TOTAL : 550.48

JOB NATURE

0000 L MERIMEN FEE 10.00

0001 L PANEL BEATING- REAR 200.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

0003 20-05 RENEW ADVERTISEMENT STICKER- 250.00

SUB-TOTAL : 640.00

TOTAL : 1,190.48

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508959
Fax: 6546 8156

Our Job Ref No : 305117533
Date : 21/02/2018

FINALIZATION FORM

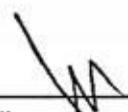
To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHB2003Z Date of Accident : 16/02/2018

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

1. The repair job shall bill to: TOKIO --- SLH3499R
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$550.48</u>
(b) Labour Charges	###	<u>\$640.00</u>
Total for Part-By-Part Repair Cost		<u>\$1,190.48</u>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u> </u>
Final Lumpsum Repair cost		<u> </u>
3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 6546 8156

Signature : 
Name : Kalvin
Date : 22/2/18

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/TMI18003217/K1QD3N2

Date: 07/03/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MV010005
Claimant Vehicle No :	SHB2003Z	Insured Vehicle No :	SLH3499R
Date of Loss:	16/02/2018	Nature of Claim:	TP
		Claim No:	M1800963

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB2003Z	Engine No:	D4DFDU502026
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMFU069287
Reg. Date:	07/05/2015 (Man. Year: 2015)	Odometer:	328231 km
Colour:	Yellow		
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	921.04	800.48	120.56	13.09
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	900.00	380.00	520.00	57.78
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,831.04	1,190.48	640.56	34.98
+ GST 7.00/7.00% (S\$)	128.17	83.33	44.84	34.98
Nett Amount (S\$)	1,959.21	1,273.81	685.40	34.98

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	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 07 Mar 2018)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHB2003Z)	
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount	
1	1		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL	
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL	
3	1		*REAR WHEEL CAP RH	Serviceable	150.70 FL	*- FL	
4	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 FS	
5	1		*REAR BUMPER ADV.STICKER	Necessary	50.00 F	*50.00 FS	
6	2		*REAR FENDER ADV.STICKER RH/LH	Necessary	200.00 F	*200.00 FS	
					Sub Total (S\$)	1,076.30	925.60
					- List Item Discount on L Items 20.00/20.00% (S\$)	155.26	125.12
					Total Parts (S\$)	921.04	800.48

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	380.00	200.00
2	SPRAY PAINTING	New	400.00	180.00
3	WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (\$\$)			900.00	380.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >