

ASS. REC. BY:

REF: CS/TMI18003219/Klgd3n2

Special Instruction:

Surveyor  
Menimen

Kalvin

ASSIGNMENT (Office)

From (Person):

Zheng Hanyang

of

TMI

Date/Time:

20/2/18 @ 11:02 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 8743B

Insured:

GW920R

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

59 Loyang Drive

Policy No:

MC006075

Claim No:

M1800977

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17/02/18

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time:

11:23 am @ 20/2/18

Person Contacted:

Vehicle

IN/OUT

Date/Time	Action/Instruction	Estimate
	SHC 8743B - CC3/AXA 11016216/4 ln/dg	D.O.A: 10/6/2011
	GW920R - x	






## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
TOKIO MARINE INSURANCE SINGAPORE LTD			Ref : CS/TMI18003219/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.	GW 920R	Veh. Inspected	SHC 8743B	
Policy No.	MC006075	Coverage (\$)	0.00	
Claim No.	M1800977	Excess (\$)	0.00	
Assign From	MERIMEN (ZHENG HANYANG)	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	17/02/2018	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/TM/1800 3279/K19d3  
Policy Type: OD / TP / TP RES / TL / EVA

SPC 8743B

Case Handler

Typist

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

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

## (1) Assignment Form

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

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

C Damaged Vehicle Photographs Uploaded	✓		
--	---	--	--

## (3) Workshop Estimate/Assignment Form

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

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

C Resurvey photo Uploaded	✓		
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Check By: Chen 26/1/18

Case Handler

Date

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

21/05/2014

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Feb 2018 <a href="#">Sendback Est</a>	19 Feb 2018 17:55 <b>S\$2,480.78</b>	20 Feb 2018 11:02 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

Insured:	<b>TIONG SENG CONTRACTORS PTE LTD</b> , Co. Reg. No.: 196400301R		
Main Claimant:	<b>CTPL</b>		
Vehicle Reg. No.:	<b>SHC8743B</b>	Date of Loss:	17/02/2018 13:00 - :59
Claim Type:	<b>TP / M1800977</b>	Policy/Cover Note No.:	MC006075 (TP, Fire & Theft) Coverage: 06/03/2017 - 05/03/2018
Vehicle Reg. No. (Insured):	<b>GW920R</b>	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	<b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Zheng Hanyang</b> - 65926416]		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [ <b>Final Rpt due 01/03/2018</b> ]		

### ASSOCIATED MAIL RECEIVED

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

- TMI\_SG (20/02/2018): Cancellation of Assignment: SHC8743B

### 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 10:14
Date Of Accident	17/02/2018 13:20
Exact Location Of Accident	SENGKANG EAST ROAD SLIP RD TWDS ANG MO KIO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8743B
<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	CHIA CHOON TECK
NRIC No	S6800385G
Date Of Birth	06/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1988
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	CT.CHIA@YAHOO.COM.SG

Address	BLK 278C COMPASSVALE BOW 16-573
Postcode	543278
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	2
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### 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

REFER 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	GW920R
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MD HAIDHAR BIN ZULKIFLI
NRIC/Passport Number	S8740578H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

CHIA CHOON TECK

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SHC8743B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



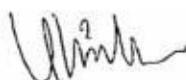
# **IMPORTANT NOTICE**

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



19/2/18.

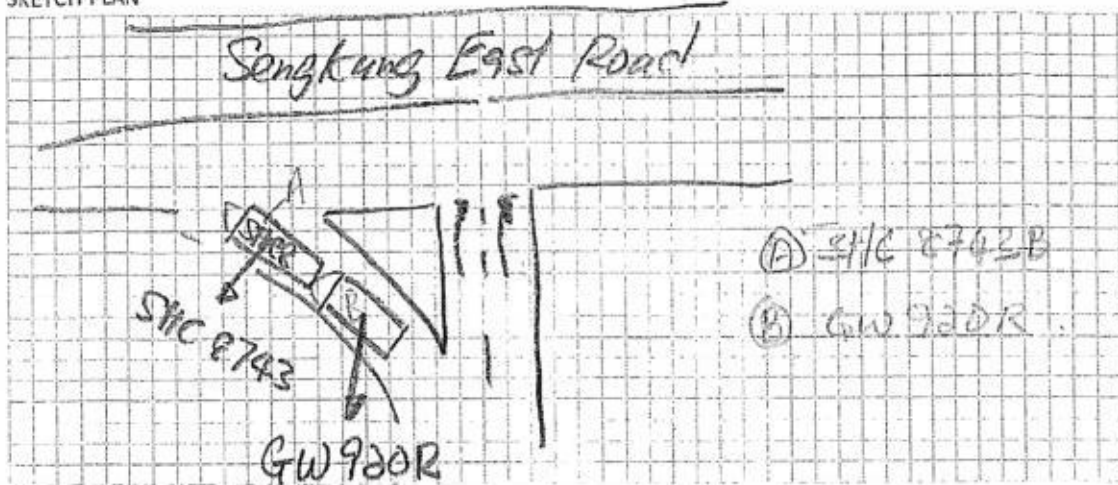
Jackson Heng  
CSO

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/2/2018 at about 1.20pm I Chin Choon Teck S6800385/G was driving taxi SHC 8743 B with 3 passengers on board to 200A Sengkang East Road. After I exit from TPE I follow a taxi in front to slowly merge into Sengkang East Road. As there were road works on both side of the road and lane 3 of Sengkang East Road I was driving at a slow speed. At that moment a lorry driven by MD. Haichar Bin Zulkifli S8740578H hit the back of my taxi.

DECLARATION

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

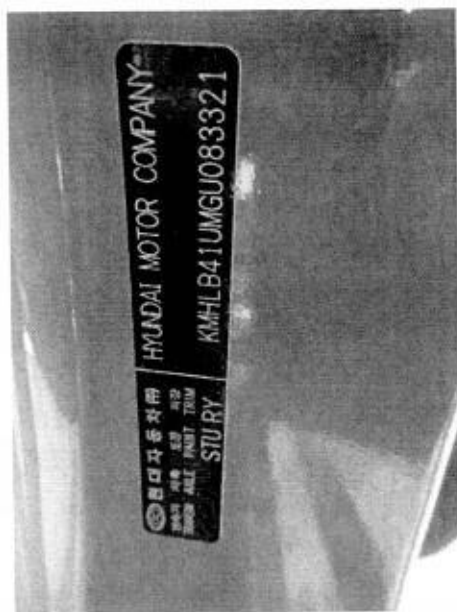
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Jackson Heng  
CSO

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



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117407

CUSTOMER

MS

CUSTOMER NO

ADDRESS

(R)

(P)

COUNT CARD NO.

REGN NO

SHC8743B

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

I-40

19.02.2018 08:05

YR OF MANU

21.01.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU083321

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 17.02.2018

NATURE: 3P 17.02.18

S/NO

LABOR CODE

DESCRIPTION

CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

S/No:

SHC8743B

JU TOKIO LKK

Vehicle No.:

SHC8743B

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:

17/02/2018

Vehicle Reg. SHC8743B

Driveable?

NO

No.:

Party At UNKNOWN

Fault:

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

Vehicle Reg. Date:

21/01/2016

Vehicle BLUE

Gen Condition:

GOOD

Colour:

Engine No: D4DFU581533

Chassis No:

KMHLB41UMGU083321

Odometer: 0 KM

Paint Type:

List Item 20.00 %

Discount:

Total Loss? NO

Est. 4

Duration of

Repair (day)

Present COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

Location:

## COST OF CLAIMS

## Amount

Parts

1,750.78

Miscellaneous Items

10.00

Labour

720.00

Paintwork Labour

0.00

Towing

0.00

Gross Total (S\$)

2,480.78

+ GST 7.00% (S\$)

173.65

Nett Amount (S\$)

2,654.43

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation &amp; 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/SHC8743B/19/02/2018 17:55

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>Detail</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT <i>Xsu</i>	20.00	0.00	*504.35 FL
3	2		*REAR BUMPER REINFORCEMENT BRKT RH/LH <i>Xsu</i>	20.00	0.00	*360.00 FL
4	2		*REAR BUMPER SIDE BRKT RH/LH <i>Xsu</i>	20.00	0.00	*98.00 FL
5	10		*REAR BUMPER CLIPS <i>Xsu</i>	20.00	0.00	*22.00 FL
6	1		*REAR BUMPER SPONGE <i>Xsu</i>	20.00	0.00	*143.40 FL
7	1		*REAR BUMPER UNDER COVER <i>ad</i>	20.00	0.00	*225.00 FL
8	1		*REAR BUMPER ADV.STICKER <i>Xsu</i>	0.00	0.00	*50.00 F
9	1		*REVERSE SENSOR <i>X 11</i>	0.00	0.00	*135.70 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) 2,142.05

- List Item Discount on L Items (S\$) 391.27

Total Parts (S\$) 1,750.78

ComfortDelGro Engineering Pte Ltd/SHC8743B/19/02/2018 17:55. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	<del>350.00</del> 200
2	SPRAY PAINTING	New	<del>200.00</del> 180
3	WIRING CHECK	New	<del>50.00</del> 20
4	R/I REVERSE SENSOR	New	<del>120.00</del>
Gross Labour Cost (S\$)			720.00

ComfortDelGro Engineering Pte Ltd/SHC8743B/19/02/2018 17:55. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka Lin (LKK)

20/2/18 1140h

2 R71

P/P

Before Paint 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 modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:

Date:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.02.2018

REPAIR ESTIMATE

Time: 17:30:17

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 : 305117407  
REGN NO : SHC8743B  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 21.01.2016  
DATE/TIME IN : 19.02.2018 08:05  
ACCIDENT DATE : 17.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00

SUB-TOTAL : 680.48

JOB NATURE

0000 L	PANEL BEATING- REAR	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 L	LUBRICATE LOCK HINGES & HOOH LATCH	20.00
0003 L	MERIMEN FEE	10.00

SUB-TOTAL : 410.00

TOTAL : 1,090.48

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :



Our Job Ref No : 305117407  
Date : 21/02/2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8743B

Date of Accident : 17/02/2018

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

1. The repair job shall bill to: TOKIO -- GW 920K  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$680.48
  - (b) Labour Charges ### \$410.00
  - Total for Part-By-Part Repair Cost \$1,090.48**
  - (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 : K a/m

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/TMI18003219/K1QD3N2

Date: 27/02/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MC006075
Claimant Vehicle No :	SHC8743B	Insured Vehicle No :	GW920R
Date of Loss:	17/02/2018	Nature of Claim:	TP
		Claim No:	M1800977

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8743B	Engine No:	D4FDFU581533
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU083321
Reg. Date:	21/01/2016 (Man. Year: 2015)	Odometer:	335769 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	1,750.78	680.48	1,070.30	61.13
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	720.00	400.00	320.00	44.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,480.78</b>	<b>1,090.48</b>	<b>1,390.30</b>	<b>56.04</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>173.65</b>	<b>76.33</b>	<b>97.32</b>	<b>56.04</b>
<b>Nett Amount (S\$)</b>	<b>2,654.43</b>	<b>1,166.81</b>	<b>1,487.62</b>	<b>56.04</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 SHC8743B)	
<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	*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2	*REAR BUMPER REINFORCEMENT BRKT RH/LH	Serviceable	360.00 FL	*- FL
4	2	*REAR BUMPER SIDE BRKT RH/LH	Serviceable	98.00 FL	*- FL
5	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1	*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
8	1	*REAR BUMPER ADV.STICKER	Not Necessary	50.00 F	*- F
9	1	*REVERSE SENSOR	Not Necessary	135.70 F	*- F

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>2,142.05</b>	<b>850.60</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>391.27</b>	<b>170.12</b>
<b>Total Parts (\$\$)</b>	<b>1,750.78</b>	<b>680.48</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	350.00	200.00
2	SPRAY PAINTING	New	200.00	180.00
3	WIRING CHECK	New	50.00	-
4	R/I REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (S\$)			720.00	400.00

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&lt; END OF ESTIMATES &gt;