

23/03/2018

ASS. REC. BY:

REF: CS/TMI/8004077/klqd3/n2

Special Instruction:

SURVIVANT

Mentmen

Kalvin

ASSIGNMENT (Office)

From (Person):

Dillen Lenthilan

of

TMI

Date/Time: 2/3/18 @ 10:36am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 3256T

Insured:

GZ 3578K

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

59 Loyang Drive

Policy No:

ME 000266

Claim No:

M18 01156

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

1/3/2018

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

10:40pm @ 2/3/18

Person Contacted:

jumani

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓) Estimate

SHD 3256T - CC3 / AIG 10004784 / Fjq

D.O.A: 8/3/2010

GZ 3578K - 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/TM18004077/K1qd3	
20 MCCALLUM STREET #09-01 TOKIO MARINE CENTRESINGAPORE 069046		Date : 02-03-2018 Code : TMI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GZ 3578K	Veh. Inspected	SHD 3256T
Policy No.	ME000266	Coverage (\$)	0.00
Claim No.	M1801156	Excess (\$)	0.00
Assign From	MERIMEN (DILLEN SENTHILAN)	Assign Date	02/03/2018
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	01/03/2018	Inspection Date	02/03/2018
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.			

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Mar 2018 09:33 Sendback Est	02 Mar 2018 09:39 S\$3,129.36	02 Mar 2018 10:36 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CHEE EE INTERIOR DECORATION SERVICE, Co. Reg. No.: 32848300A		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD3256T	Date of Loss:	01/03/2018 15:00 - :59
Claim Type:	TP / M1801156	Policy/Cover Note No.:	ME000266 (Third Party Only) Coverage: 18/03/2017 - 17/03/2018
Vehicle Reg. No. (Insured):	GZ3578K	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 13/03/2018]		

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.									

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (*Nivitha*): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

	Y-Date	N-Date	Y-Date	N-Date
C Reference No.	<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				
N Survey held at/Repairer	<input checked="" type="checkbox"/>			
C Excess				

Surveyor (*Calvin*): 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"/>			
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(3) Workshop Estimate/Assignment Form

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)

C Resurvey photo Uploaded	<input checked="" type="checkbox"/>			
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Check By:

[Signature]
Case Handler

07/3/18
Date

*C: Critical *N: Non-Critical

21/05/2014

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	02/03/2018 08:45
Date Of Accident	01/03/2018 15:00
Exact Location Of Accident	CARPENTER ST TWDS SOUTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3256T
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

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHIN SOON KEN LOUIS
NRIC No	S1217260E
Date Of Birth	20/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1975
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 233 BUKIT BATOK EAST AVENUE 5 #12-49
Postcode	650233
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)	2
Passenger 1	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

PLS REFER TO ATTACHED / 3P REVERSE

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	GZ3578K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WEE CHOON KIM
NRIC/Passport Number	S7441117G
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	REAR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

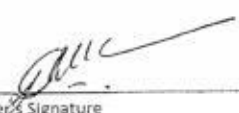
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

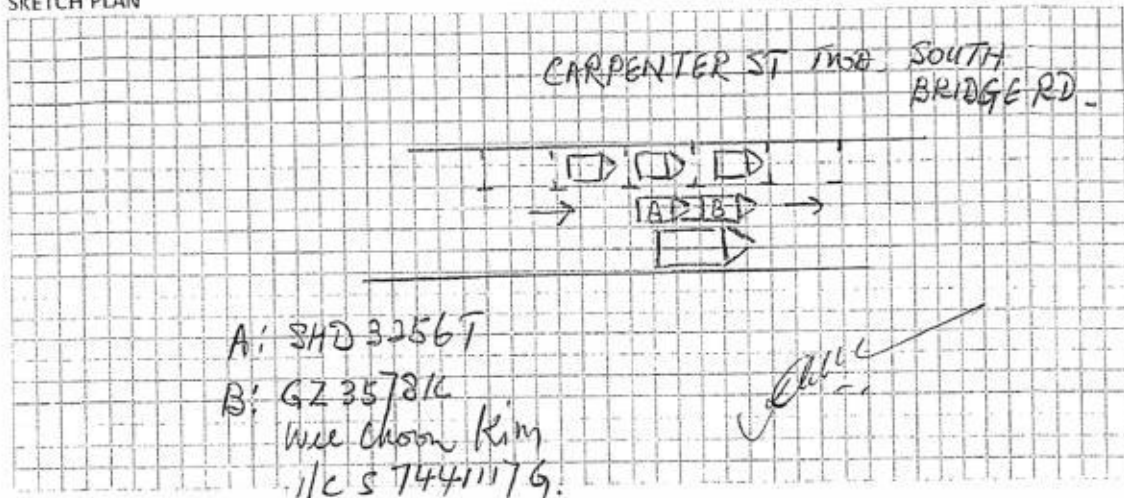
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


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

01/03/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

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:

01/03/18

Describe Circumstances of the Accident

On 01 Mar 2018 at about 15:00 hrs I was driving along Carpenter St leading towards the direction of South Bridge Rd.

The front lorry GZ3578K slowed down and stopped. I slowed down and stopped behind the lorry.

Suddenly a few seconds later the said lorry reversed towards my taxi. Upon seeing this, I immediately honked at the lorry repeatedly but to no avail.

In the process the rear of the lorry hit the frontal portion of my stationary lorry.

01 lady passenger on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

Declaration

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

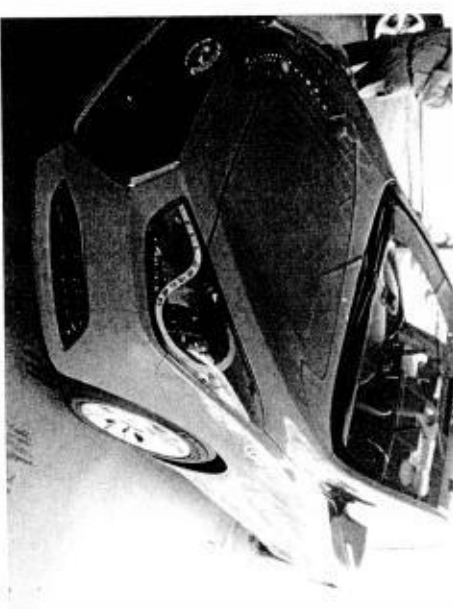
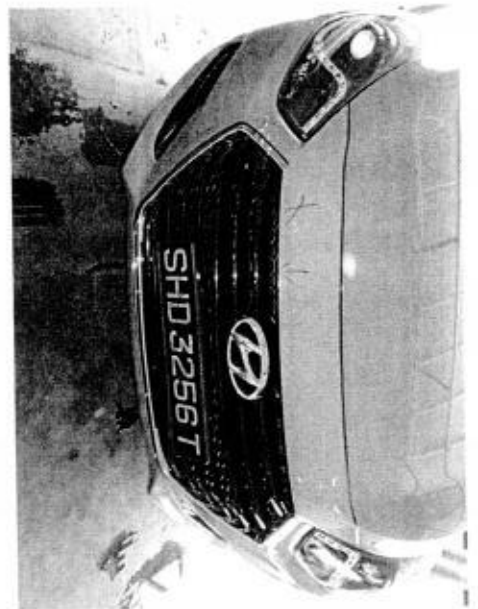
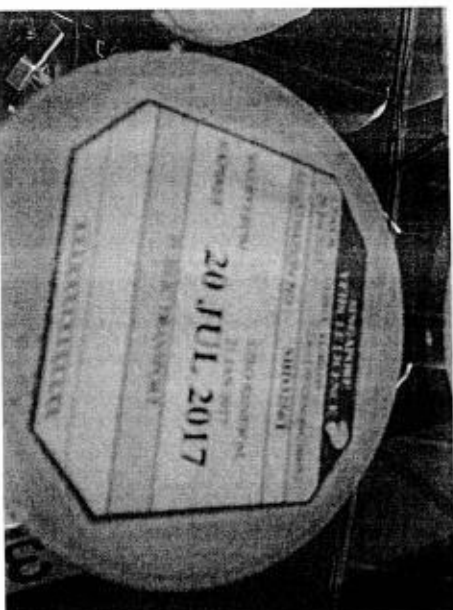
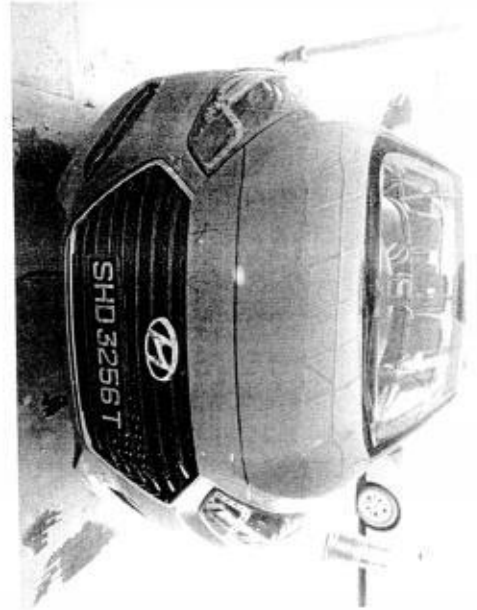
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

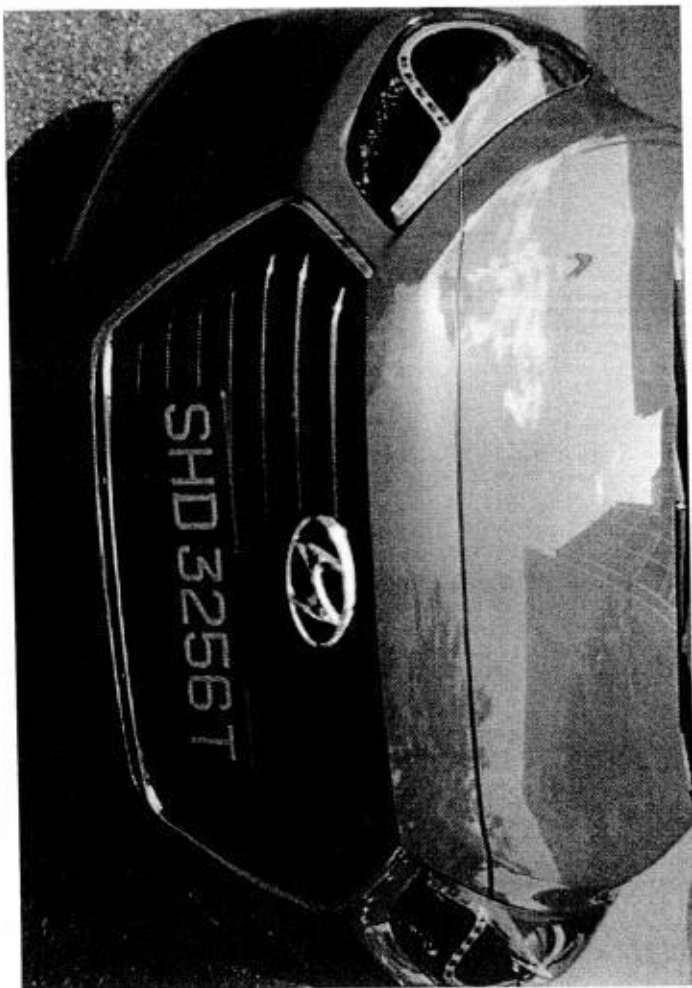
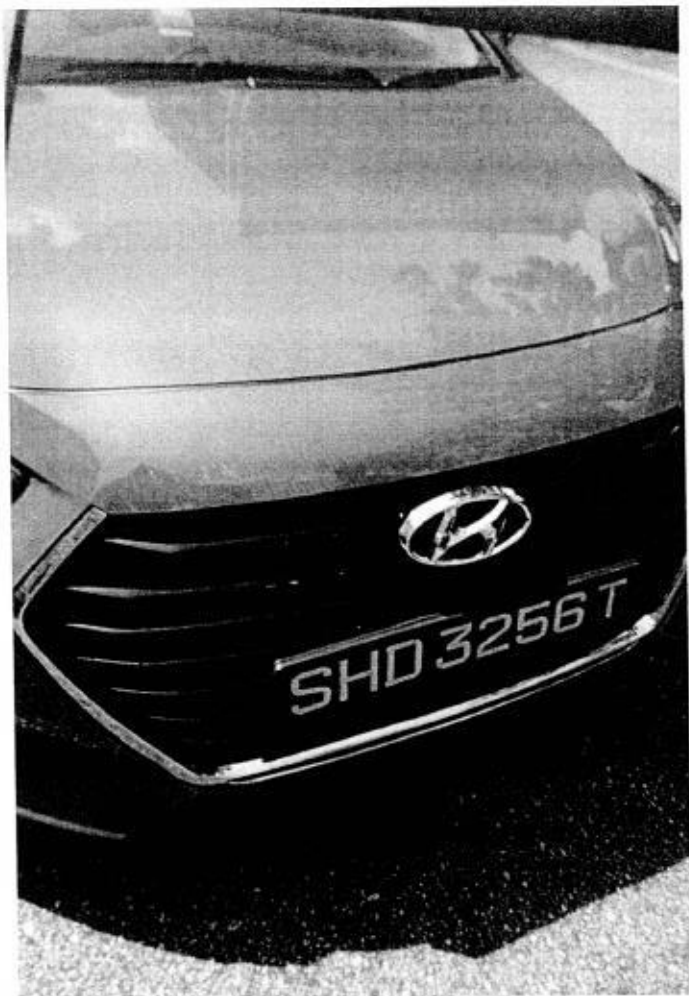
Policyholder's Signature/Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

01/03/18 

Witnessed by Reporting
Centre Personnel





Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO. 305121272

CUSTOMER	REGN NO. SHD3256T	MILEAGE
NAME	MAKE: HYUNDAI	FUEL
CUSTOMER NO. 7010045	MODEL I-40	01.03.2018 15:55
ADDRESS 383 SIN MING DRIVE	YR OF MANU. 21.07.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMGU091918	COMPLETION DATE/TIME
65508755		
L. (R) (O)		
(P)		
SCOUT CARD NO.		

Accident Date: 01.03.2018
NATURE: 3P.01.03.2018

JOB DESCRIPTION

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

CHECKED & PASSED OUT BY: _____	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Knowledge Slip	Exit Pass
Vehicle No.: SHD3256T CHIANG	Vehicle No.: SHD3256T
Name of Service Advisor	Name of Service Advisor
Signature/Date	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

Type
Front - Campeon
Rear - Hankook

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

Chang

Singapore

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY

Policy No:

Vehicle Reg. SHD3256T
No.:

Party At Fault: UNKNOWN

Ref. No:

Date of Loss: 01/03/2018

Driveable? YES

Make/Model: HYUNDAI I40, 1.7 L CRDI AT ABS
AIRBAG 4DR (A)

Vehicle Colour: BLUE

Engine No: D4FDGU656082

Odometer: 148160 KM

Vehicle Reg. 21/07/2016

Date:

Gen Condition: GOOD

Chassis No: KMHLB41UMGU091918

Paint Type:

List Item 20.00 %

Discount:

Total Loss? NO

Est. Duration of 3

Repair (day)

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

	Amount
Parts	2,439.36
Miscellaneous Items	10.00
Labour	680.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,129.36
+ GST 7.00% (S\$)	219.06
Nett Amount (S\$)	3,348.42

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: 02 Mar 2018)
Parts: 143 HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHD3256T/02/03/2018 09:39
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		*FRONT BUMPER COVER — Phil	20.00	0.00	*1,052.20 FL
2	1		*FRONT BUMPER REINFORCEMENT — Phil	20.00	0.00	*504.50 FL
3	1		*RAD GRILLE ASSY — m	20.00	0.00	*1,430.00 FL
4	1		*NUMBER PLATE — m	0	0.00	*50.00 FS
						25
Sub Total (S\$)						3,036.70
- List Item Discount on L Items (S\$)						597.34
Total Parts (S\$)						2,439.36

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

ComfortDelGro Engineering Pte Ltd/SHD3256T/02/03/2018 09:39. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	300.00 200
2	SPRAY PAINTING	New	320.00 180
3	WIRING	New	60.00 44
Gross Labour Cost (\$\$)			680.00

ComfortDelGro Engineering Pte Ltd/SHD3256T/02/03/2018 09:39. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ko-hi (LKK)
 2/3/18 10204.
 2 Rys.
 P/P
 Before Paint photo.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts during resurvey
- Parts price are subject to confirmation
- Third party claims on a "Without Prejudice" basis
- No illegal claims are allowed
- Supplemental claims must be resurveyed and is subject to final approval from Insurer's Company

Acknowledged by Repairer
 Signature:
 Date:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305121272
REGN NO : SHD3256T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 21.07.2016
DATE/TIME IN : 01.03.2018 15:55
ACCIDENT DATE : 01.03.2018

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 04-01-0103-2164-G I40V3 GRILLE ASSY-RADIATO 1 1,430.00 20.00 1,144.00

0003 FNPS NO PLATE(S) 1 N 25.00 2.00- 25.00

SUB-TOTAL : 2,010.76

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

0002 L MERIMEN FEE 10.00

SUB-TOTAL : 390.00

TOTAL : 2,400.76

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305121272
Date : 05/03/18

COMFORTDELGRO ENGINEERING

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



FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD3256T

Fax :

01/03/18

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

1. The repair job shall bill to: TOKIO GZ3578K
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$2,010.76
 - (b) Labour Charges \$390.00
 - Total for Part-By-Part Repair Cost** \$2,400.76
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
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.

Signature : _____
Name : CHIANG
Tel : 62148314
Fax : 65468156
- We confirm the estimates and finalized amount

Signature : _____
Name : Kalvin
Date : 6/3/18

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				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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/TMI18004077/K1QD3N2

Date: 09/03/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	ME000266
Claimant Vehicle No :	SHD3256T	Insured Vehicle No :	GZ3578K
Date of Loss:	01/03/2018	Nature of Claim:	TP
		Claim No:	M1801156

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD3256T	Engine No:	D4FDGU656082
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMGU091918
Reg. Date:	21/07/2016 (Man. Year: 2016)	Odometer:	148160 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	Campeon 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Campeon 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	2,439.36	2,010.76	428.60	17.57
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	680.00	380.00	300.00	44.12
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	3,129.36	2,400.76	728.60	23.28
+ GST 7.00/7.00% (\$\$)	219.06	168.05	51.01	23.29
Nett Amount (\$\$)	3,348.42	2,568.81	779.61	23.28

INSPECTION

Date of Assignment:	02/03/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	02/03/2018	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: 09 Mar 2018)
Parts:	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD3256T)	
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		*FRONT BUMPER COVER	Deformed	1,052.20 FL	*1,052.20 FL
2	1		*FRONT BUMPER REINFORCEMENT	Serviceable	504.50 FL	*- FL
3	1		*RAD GRILLE ASSY	Cracked	1,430.00 FL	*1,430.00 FL
4	1		*NUMBER PLATE	Cracked	50.00 FS	*25.00 FS
					Sub Total (S\$)	3,036.70
					- List Item Discount on L Items 20.00/20.00% (S\$)	597.34
					Total Parts (S\$)	2,439.36

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

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Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	300.00	200.00
2	SPRAY PAINTING	New	320.00	180.00
3	WIRING	New	60.00	-
Gross Labour Cost (S\$)			680.00	380.00

Report was unsubmitted during this print-out.

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