

ASS. REC. BY:

REF: CS/ICS18004256/Klv03

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Janice Goh

of

ECICS

Date/Time:

5/3/18 @ 4:26pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 6389P

Insured:

SJY 979B

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

Sq Luyang Drive

Policy No:

Claim No:

DMP1800084H

Sum Insured:

Excess:

Make of Veh:

D.O.A.

5/3/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time: 5:49pm @ 5/3/18

Person Contacted:

jumaniVehicle IN / OUT

Date/Time	Action/Instruction	Estimate
	SHA 6389P - CS	ECI15007238/Rqbk3
	SJY 979B - x	D.O.A: 24/4/15

ASSIGNMENT

SHA 6389P

3 Jun 2014

6/3/18

Estimated Cost

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

To inspect Vehicle No

SHA 6389P  
Comfort Delgro  
59 Loyang Drive

at Workrooms

at

Insured

Policy No

Claims No

Sum Insured

Excess

Claims Record

Make of Veh

(Policy Condition)

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



Est. or Market Value

ICAC Accident Report Consistent? : Yes or No

QIA / PP Seen Consistent? : Yes or No

Est. Repairs days Res Yes or No

LTH Sum % Yes Yes or No

CA / REV / REP / 24 HRS *lwp*

Date Person Contacted

Vehicle IN / OUT

Type/M/Car M Cycle/Bike/Van/Lorry/TB Prime Mover

Track / Trail/Dr

Make

Hyundai 240

1685

Colour

Blue

So. Reading

732084

Eng No

CNS

KM HLB44ME4053958

Gen Cond Good / Poor / Burnt

Steering Inoper / Jammed / Leaked / Burnt or

Brake Inoper / Jammed / Leaked / Burnt or

Mod Nil / SRM / STR / RM or

Tyre Size

205/60R16

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

TOYO / YOKO or

*Wet/14*

Front

Rear

R/Sa

2

R/Sa

2

L/Sa

2

L/Sa

2

DOA

5/3/8

DOA

6/3/18

Survey Report

*COHE (Loyang)*

Des of Damages Frn / Rear / OS / NS / UC / Rchd or

*Rn*

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

Date Time Action / Instruction

8/3/18 *lwp* 4/5/900/ 2 by. (Ref 1561-58, 639)

4/5

RECEIVED 09 MAR 2018

Date Time File Received

☐ Preli. Report  
☐ Final Report

Days Of Repair

2

Resurvey No. of Trip

1

Survey Fee

Date Time File Returned

9/3- typist

Add Fee:

☐ Stained  
☐ Tarnish  
☐ Rust  
☐ Other

\$

\$

\$

\$

Rec'd Format

TP

LTH Sum 15 \$900k

250

## Survey Department Check List (Case Handler)

Reference No.: CS/1CS18004256/Klvd3  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): 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 (** ): 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	✓			
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)		Y-Date	N-Date	Y-Date	N-Date
C	Damaged Vehicle Photographs Uploaded	✓			

(3) Workshop Estimate/Assignment Form		Y-Date	N-Date	Y-Date	N-Date
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)		Y-Date	N-Date	Y-Date	N-Date
C	Resurvey photo Uploaded	✓			

Check By: VERON 9/3/18  
Case Handler Date

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

21/05/2014



# 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

ECICS LTD

Ref : CS/ICS18004256/K1vd3

7 TEMASEK BOULEVARD  
#10-01 SUNTEC TOWER ONE  
SINGAPORE 038987

Date : 06-03-2018



Code : ICS

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJY 979B	Veh. Inspected	SHA 6389P
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	06/03/2018

## 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

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## 5. General Information

Accident Date	05/03/2018	Inspection Date	06/03/2018
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.
--

## Veron Chen (LKKAUTO)

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**From:** Veron Chen (LKKAUTO)  
**Sent:** Thursday, 8 March 2018 9:02 AM  
**To:** 'motorsurvey'  
**Cc:** SUR  
**Subject:** RE: DOA.05.03.18 SHA6389P with your insured SJY979B

Dear Janice,

Noted with thanks.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** motorsurvey [mailto:motorsurvey@ecics.com.sg]  
**Sent:** Thursday, 8 March 2018 8:58 AM  
**To:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; motorsurvey <motorsurvey@ecics.com.sg>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** RE: DOA.05.03.18 SHA6389P with your insured SJY979B

Dear Veron

Our claim no DMPC1800084H.  
Thank you.

Regards,  
Janice Goh  
**Claims Division**  
DID: +65 6303 0182  
FAX: +65 6338 9267

**ECICS Limited**  
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

**WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY**, please email to [motorsurvey@ecics.com.sg](mailto:motorsurvey@ecics.com.sg) directly.

*\*\*Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.\*\**

---

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Wednesday, 7 March, 2018 3:17 PM  
**To:** motorsurvey  
**Cc:** SUR  
**Subject:** RE: DOA.05.03.18 SHA6389P with your insured SJY979B

Dear Sir/Madam,

Kindly provides us the claim number.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Admin-D (LKKAuto)

**Sent:** Monday, 5 March 2018 5:49 PM

**To:** 'motorsurvey' <motorsurvey@ecics.com.sg>; assignments <assignments@lkkauto.com>

**Cc:** SUR <sur@lkkauto.com>

**Subject:** RE: DOA.05.03.18 SHA6389P with your insured SJY979B

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** motorsurvey [mailto:motorsurvey@ecics.com.sg]

**Sent:** Monday, 5 March 2018 4:26 PM

**To:** Juman Bin Masudin <jumanibm@cdge.com.sg>; assignments <assignments@lkkauto.com>

**Cc:** motorsurvey <motorsurvey@ecics.com.sg>

**Subject:** RE: DOA.05.03.18 SHA6389P with your insured SJY979B

Without Prejudice

Dear Juman

Thank you for your email.

We will appoint LKK for the survey.

Aside to LKK

Please assist to arrange for TP PRI.

Thank you.

Regards,

Janice Goh

**Claims Division**

DID: +65 6303 0182

FAX: +65 6338 9267

**ECICS Limited**

7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

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*\*\*Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.\*\**

**From:** Jumani Bin Masudin [<mailto:jumanibm@cdge.com.sg>]  
**Sent:** Monday, 5 March, 2018 3:35 PM  
**To:** motorsurvey  
**Subject:** Fw: DOA.05.03.18 SHA6389P with your insured SJY979B

TO

Officer in charge

see attached

Best Regards  
Jumani Masudin  
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Tel. 6214-8315 / Fax. 6546-8156

----- Forwarded by Jumani Bin Masudin/cdge/delgronotes on 05/03/2018 03:34 PM -----

From: "ApeosPort-IV C5570" <[sbs-singnalling@sbstransit.com.sg](mailto:sbs-singnalling@sbstransit.com.sg)>  
To: [jumanibm@cdge.com.sg](mailto:jumanibm@cdge.com.sg)  
Date: 05/03/2018 03:33 PM  
Subject: Scan Data from CDG\_LO\_AW\_A5570

Number of Images: 9  
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570  
Device Location:

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

SBS Transit Ltd [Registration No. 199206653M]



**Nivitha (LKK Auto)**

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**From:** motorsurvey <motorsurvey@ecics.com.sg>  
**Sent:** Monday, 5 March 2018 4:26 PM  
**To:** Jumani Bin Masudin; assignments  
**Cc:** motorsurvey  
**Subject:** RE: DOA.05.03.18 SHA6389P with your insured SJY979B  
**Attachments:** img-305153238-0001.pdf

Without Prejudice

Dear Jumani

Thank you for your email.  
We will appoint LKK for the survey.

Aside to LKK

Please assist to arrange for TP PRI.

Thank you.

Regards,  
Janice Goh  
**Claims Division**  
DID: +65 6303 0182  
FAX: +65 6338 9267

**ECICS Limited**  
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

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**From:** Jumani Bin Masudin [mailto:[jumanibm@cdge.com.sg](mailto:jumanibm@cdge.com.sg)]  
**Sent:** Monday, 5 March, 2018 3:35 PM  
**To:** motorsurvey  
**Subject:** Fw: DOA.05.03.18 SHA6389P with your insured SJY979B

TO

Officer in charge

see attached

Best Regards  
Jumani Masudin  
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Tel. 6214-8315 / Fax. 6546-8156

----- Forwarded by Jumani Bin Masudin/cdge/delgronotes on 05/03/2018 03:34 PM -----

**From:** "ApeosPort-IV C5570" <[sbs-singnalling@sbstransit.com.sg](mailto:sbs-singnalling@sbstransit.com.sg)>  
**To:** [jumanibm@cdge.com.sg](mailto:jumanibm@cdge.com.sg)



Number of Images: 9  
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570  
Device Location:

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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facebook  twitter  ecics.com.sg 

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## 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	05/03/2018 14:15
Date Of Accident	05/03/2018 12:15
Exact Location Of Accident	SLIP RD FROM RAFFLES BOULEVARD TWDS TEMASEK AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6389P
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LIM WEE BENG
NRIC No	S1233111H
Date Of Birth	21/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2004
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	DAENLEE3113@GMAIL.COM

Address	BLK 16 HOUGANG AVENUE 3 #20-129
Postcode	530016
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?	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)	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	SJY979B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDY SHEN FENG ZHENG
NRIC/Passport Number	S8534966Z
Contact Number	98770065
Address	
Postcode	
Insurance Company Name	ECICS LIMITED
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LIM WEE BENG
------	--------------

Approximate Age

61

Injuries Sustain

PAIN TO NECK AND SHOULDER.

Injured person in which vehicle?

SHA6389P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

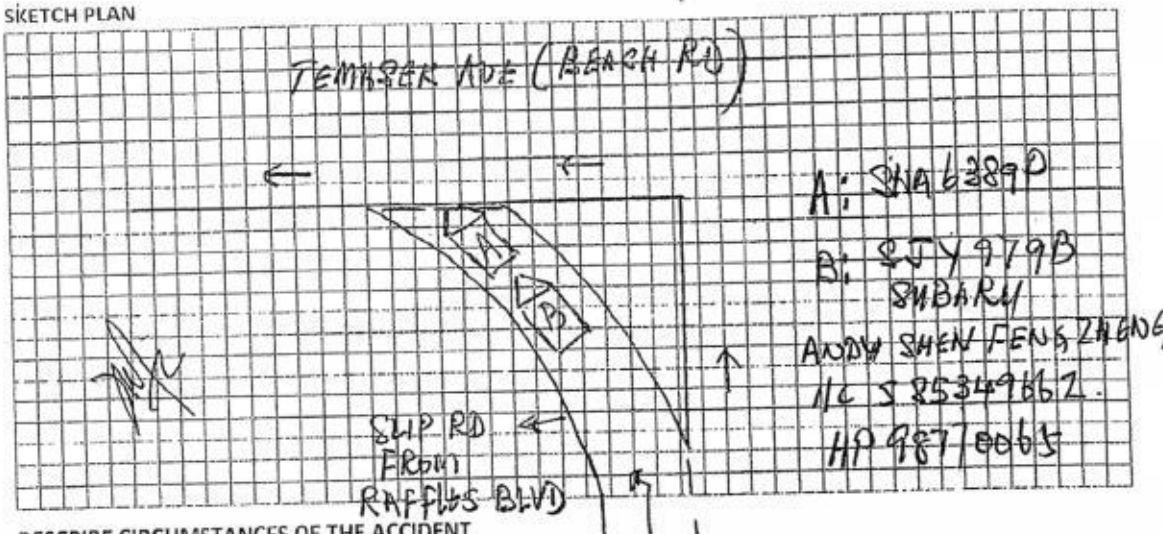
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

05/03/18  
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.:

05/03/18

**Sketch Plan Pg. 3**

[illegible]

### Declaration

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

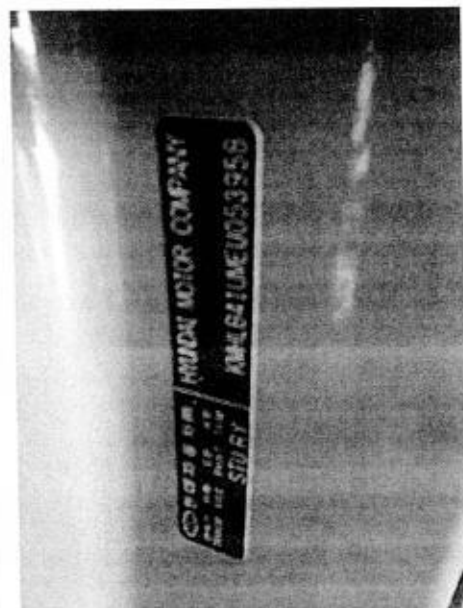
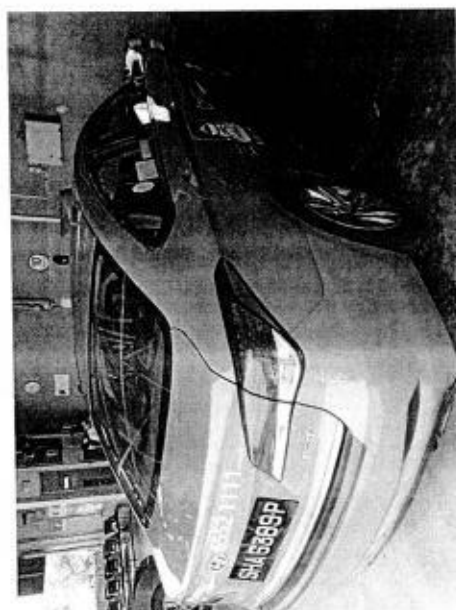
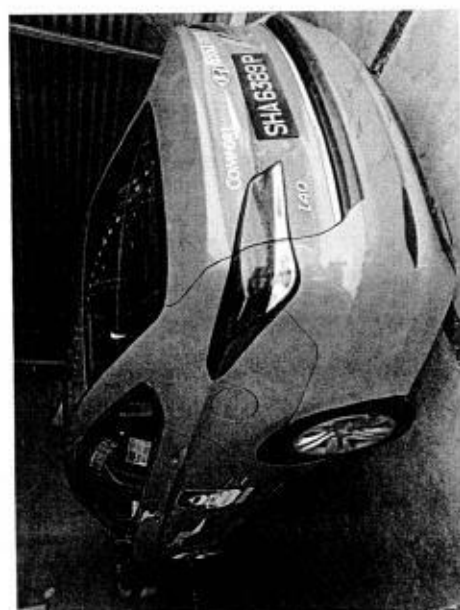
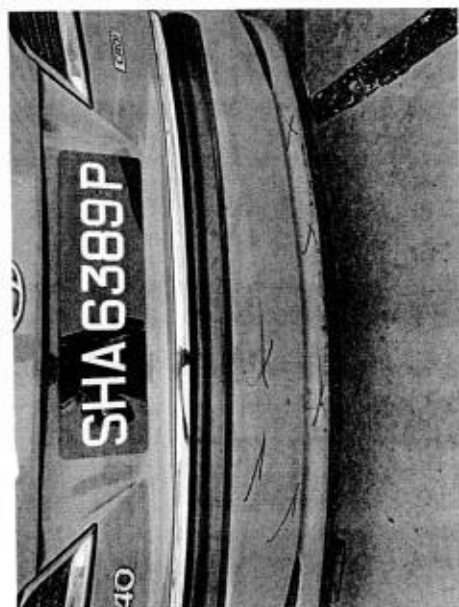
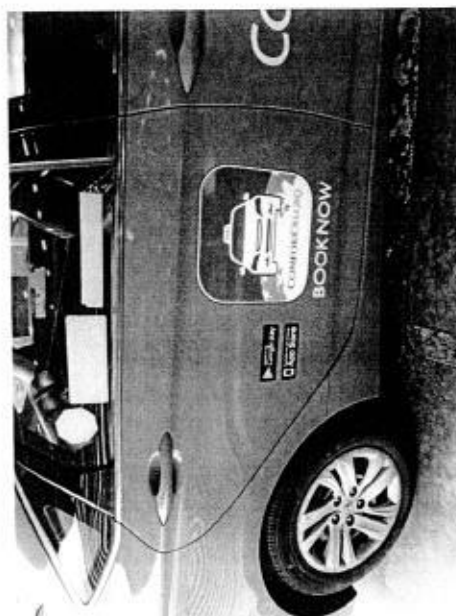
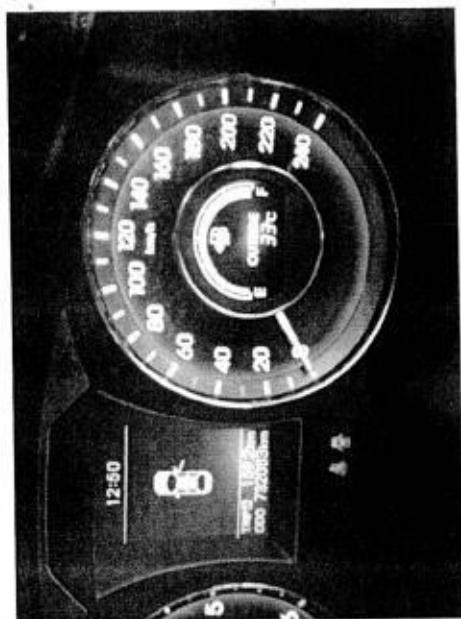
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

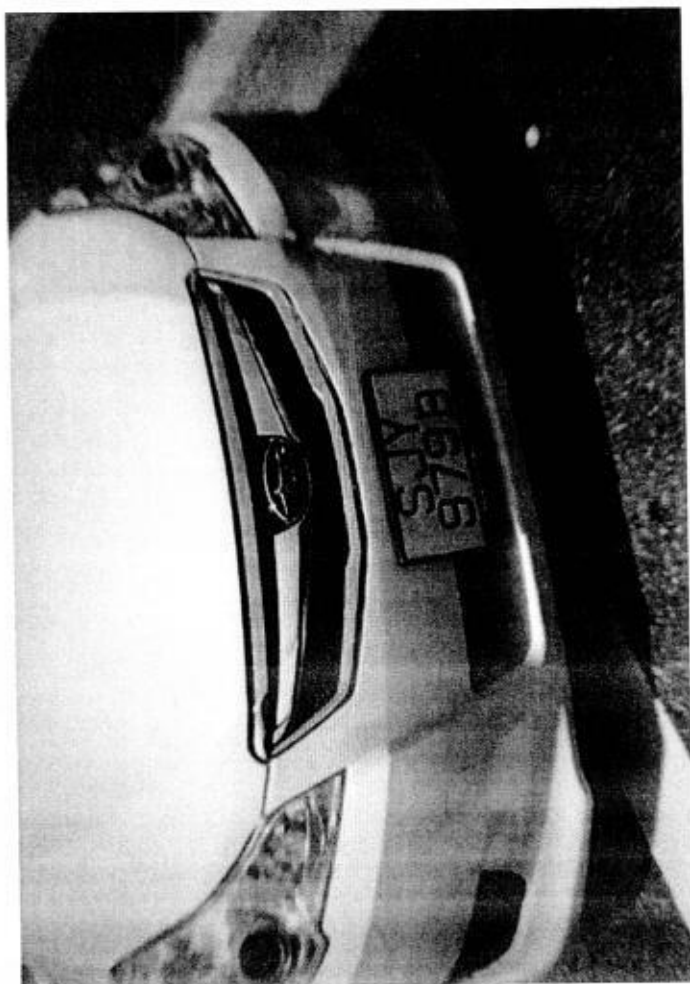
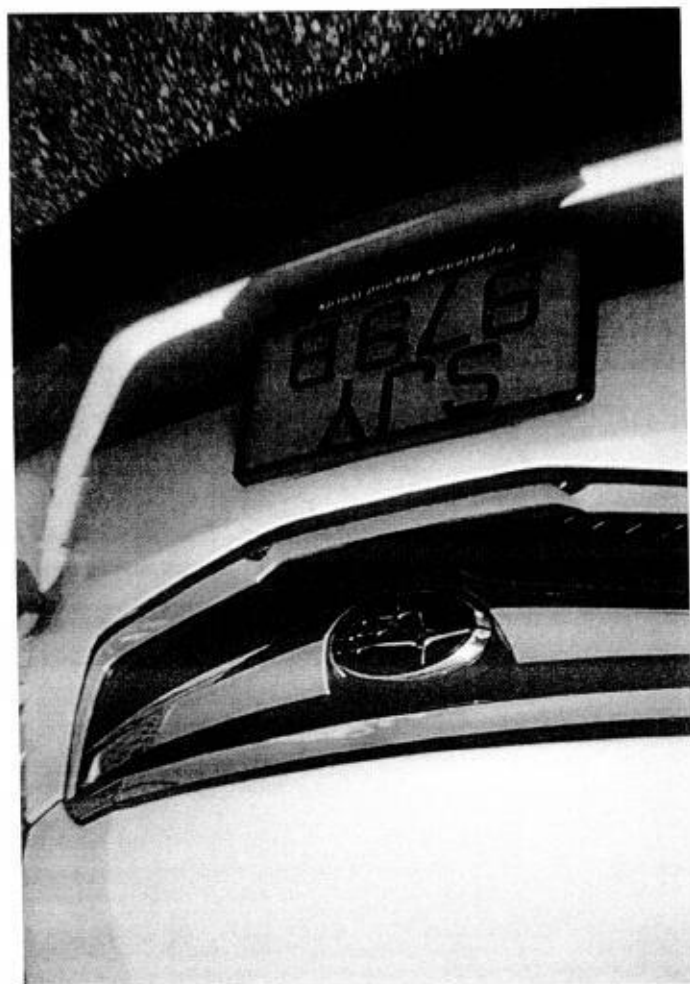
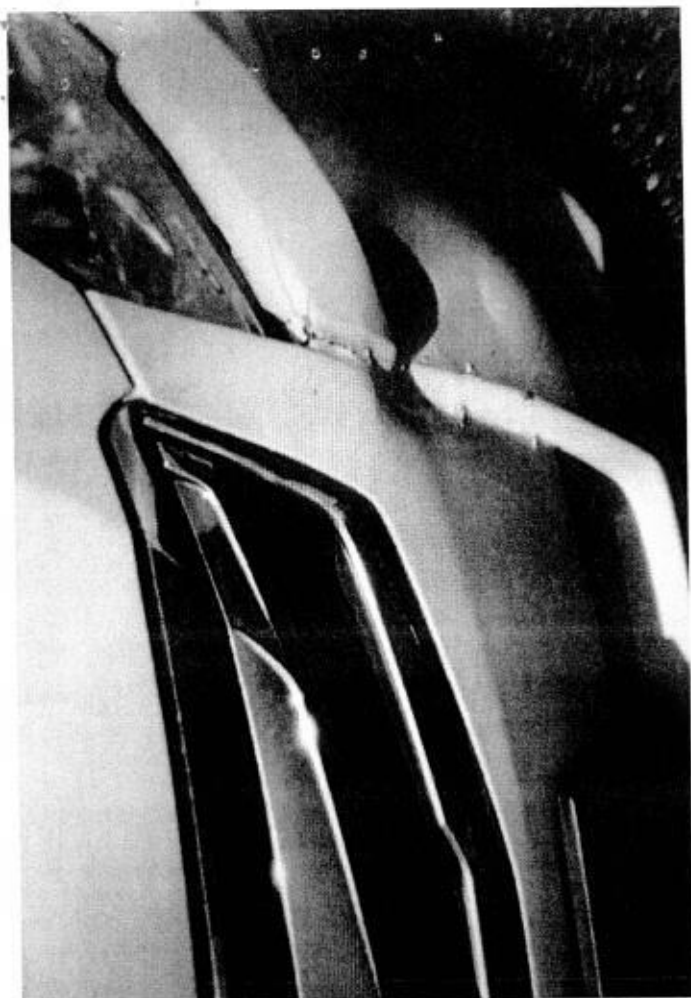
Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel







Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO. 30512220

OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO	SHA6389P	MILEAGE
IS	7010045	MAKE	HYUNDAI	FUEL
OWNER NO	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
LESS	Singapore SINGAPORE 575717	YR OF MANU	03.06.2014	DATE/TIME IN
(R)	65508755	CHASSIS CODE	KMHLB41UMEU053958	TARGET DATE
(P)				COMPLETION DATE/TIME:
COUNT CARD NO.				

Accident Date: 05.03.2018  
 ATURE: 3P 05.03.18

### JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY:

## SERVICE ADVISOR

CUSTOMER'S SIGNATURE

**Redgement Slip**

Exit Pass

No.: SHA6389P

JU ECICS

Vehicle No.:

SHA6389P

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

REPAIR ESTIMATE\*

VEHICLE NO : SHA 6389P

DATE 5/3/2018 15:29

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 603.60	
	Rear Bumper Reinforcement			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket			\$ 49.00	
	Rear Bumper Clips			\$ 22.00	
	Rear Bumper Sponge			\$ 143.40	
	Rear Bumper Under Cover			\$ 225.00	
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>	
	<b>LESS 20%</b>			<b>\$ 381.47</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>	
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				<b>\$ 185.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			<del>\$ 380.00</del>	
	Spray Painting Charge			<del>\$ 200.00</del>	
	Wiring Charge			<del>\$ 50.00</del>	
	R/Refix Reverse Sensor			<del>\$ 120.00</del>	
	<b>TOTAL LABOUR</b>			<b>\$ 750.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,461.58</b>	
<p>Kalish (1/1/1)</p> <p>6/3/18 100.00</p> <p>2 Day</p> <p>4/5</p> <p>After Repair pld</p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary damage must be resolved and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature:</p>					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

ECICS-

Jumani

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305122220

Date : 06/03/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA6389P

Date of Accident : 05/03/18

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

1. The repair job shall bill to: ECICS --- SJY979B  
###

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges ###

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

\$900.00

**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 : 8/3/18

## 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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:





# 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

ECICS LTD

Ref : CS/ICS18004256/K1vd3n2

7 TEMASEK BOULEVARD  
#10-01 SUNTEC TOWER ONE  
SINGAPORE 038987

Date : 12-03-2018



Code : ICS

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJY 979B	Veh. Inspected	SHA 6389P
Policy No.		Coverage (\$)	0.00
Claim No.	DMPC1800084H	Excess (\$)	0.00
Assign From	JANICE GOH	Assign Date	05/03/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU053958	Colour	BLUE
Odometer	732084	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	05/03/2018	Inspection Date	06/03/2018
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.

## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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# 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

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 6389P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		380.00	200.00
	SPRAY PAINTING CHARGE.		200.00	180.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			750.00	380.00
<b>GRAND TOTAL</b>			<b>2,461.58</b>	<b>1,110.48</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>900.00</b>

Report Ref No. CS/ICS18004256/K1vd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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