

22/03/2002

ASS. REC. BY:

REF:

CS/TML18004457/Klgbn2

Special Instruction:

Survivor:

Kalin

ASSIGNMENT (Office)

From (Person):

Fiona Gan

of

Tmi

Date/Time: 08/03/2018 938am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 8112H

Insured:

SKZ 7934S

at Workshop m/s

Comfort Delgro

Tel:

of

59 Luyang Drive

Policy No:

MV001171

Claim No:

M1801281

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06/03/2018

CA / REV / REP. / REV 24 HRS 'Wp'

H.O.D. Endorsement:

Date/Time:

08/03/2018 1034am

Person Contacted:

Jumani

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 8112H - 08/03/2018 1034am / Rlgbsm2
	SKZ 7934S - X

DUA: 27092016

08/11/2011

Surve Vtr Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

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

To Insp Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's 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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 8112 HYr Regn: 31 July 2011

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

Truck / Trailer or

Make: Hyundai Santa Fe

c.c.

1991Colour: Black

A/C:

Insured / Std / NI / NA

Sp. Reading: 153497

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET 41V MDA 814762

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Alloy or

Tyre Size: F: 215/60 R16

R: _____

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

TOYO / YOKO or Went 1/10

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 6/3/10D.O.I. 8/3/10Survey held at CDHE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
9/3/10	Call up \$3050 / 3 days <u>Call to</u>
	<u>Tokio</u>
	<u>4</u>

Date/Time, File Pass to?



Prel. Report

1) 17/3 Pass

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐

Site Insp (\$ _____)



Interview (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

25010260WER-TP4 = 3050



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/TMI18004457/K1qb

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 08-03-2018



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKZ 7934S	Veh. Inspected	SHA 8112H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (FIONA GAN)	Assign Date	08/03/2018

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	06/03/2018	Inspection Date	08/03/2018
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.

Survey Department Check List (Case Handler)

Reference No.: 06/TM/18004457/Klab
 Policy Type: OD / TP / RES / TL / EVA

SHA 81124

Case Handler

Typist

Admin (Cathy): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

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

Y-Date	N-Date	Y-Date	N-Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>			
-------------------------------------	--	--	--

(3) Workshop Estimate/Assignment Form

N ALL Parts condition
 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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(4) System - (Views/Merimen)

C Resurvey photo Uploaded

<input checked="" type="checkbox"/>			
-------------------------------------	--	--	--

Check By:

[Signature] 12/3/18

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'ed	Status
Main	07 Mar 2018 16:39 Sendback Est	07 Mar 2018 17:01 S\$5,040.48	08 Mar 2018 09:38 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: CCPL, Co. Reg. No.: 199502839G									
Main Claimant: CCPL									
Vehicle Reg. No.: SHA8112H		Date of Loss: 06/03/2018 17:00 - :59							
Claim Type: TP		Policy/Cover Note No.:							
Vehicle Reg. No. (Insured): SKZ7934S		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 Fiona Gan Bee Song - 65926378]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 19/03/2018]									
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	07/03/2018 13:36
Date Of Accident	06/03/2018 17:45
Exact Location Of Accident	SEMBAWANG RD TWDS CANBERRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8112H
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	SONATA-2.0 (A)
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	NG CHOON SENG
NRIC No	S1226886F
Date Of Birth	16/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NG379@HOTMAIL.COM

Address	BLK 538 ANG MO KIO AVENUE 5 #03-4042
Postcode	560538
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180307/2031

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	SKZ7934S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NG CHOON SENG

Approximate Age

Injuries Sustain

LOWER BACK, NECK AND LEG

Injured person in which vehicle?

SHA8112H

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

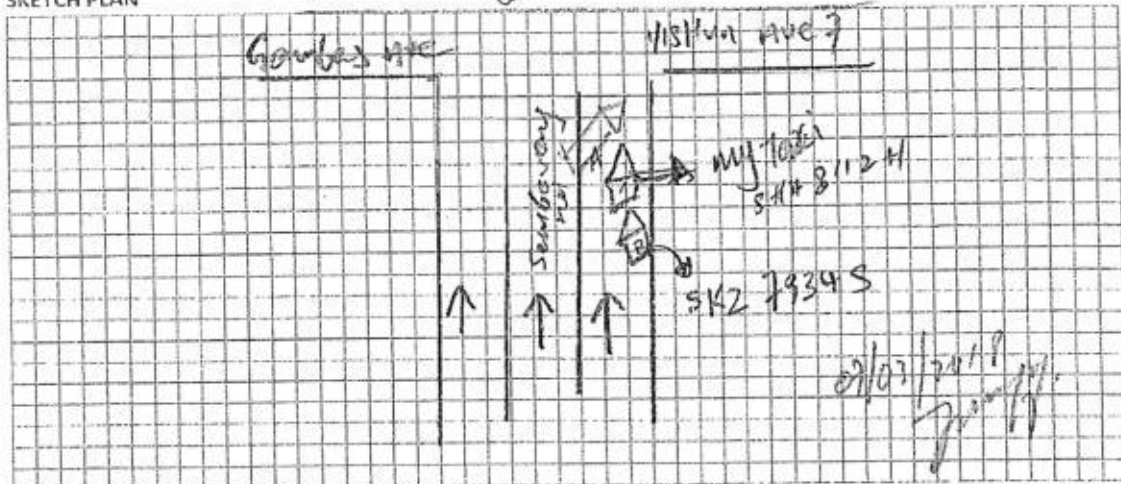
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/03/2018 at about 1745 hrs, I was driving my taxi SK# 812H, along Sembawang Rd dual Cambridge Rd direction, I was travelling on the right lane of the 3 lane road, as I was near the junction of Sembawang Rd, one silver Toyota Lorry suddenly cut into my lane in front of me. I managed to slow down, however the lorry suddenly jammed break causing me to stop. one vehicle behind me, SK2 7934S did not manage to stop and hit onto my rear and both us stopped. I got out and notice that my rear bumper and bonnet was dented inwards. The other vehicle was dented too. my taxi has an in-car CCTV camera.

my passenger Contact. May May D. Mando

H/p. 91334574

Refer Police Report
#20180307/2031

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/03/2018

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

SIARMC SketchPlanForm_V3

SR Moorthy
CSO 7/3/18



**SINGAPORE
POLICE FORCE**



T/20180307/2031

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180307/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2018 10:44		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: NG CHOON SENG			Address: APT BLK 538 ANG MO KIO AVENUE 5 #03-4042 SINGAPORE 560538		
ID Type / ID No.: NRIC NO / S1226886F			Contact No.: Home/Office: Mobile: 81897816		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 16/12/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2018 17:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SEMBAWANG ROAD CANBERRA ROAD SEMBAWANG ROAD TOWARDS CANBERRA ROAD, NEAR TO JUNCTION OF SEMBAWANG ROAD AND GAMBAS AVENUE.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8112H	TAXI	HYUNDAI	SONATA	White	Slightly Damaged	2
SKZ7934S	Car	SANGYANG		Brown	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180307/2031

2 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180307/2031

CONTINUATION OF REPORT

Driver			
Name	NG CHOON SENG	ID No.	S1226886F
Related Vehicle	SHA8112H (TAXI)	Contact No.	81897816
Hospital/Clinic	C&K FAMILYCLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/03/2018	Date Discharge	07/03/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 06/03/2018 at about 1745hours, I was driving my taxi, SHA8112H, along Sembawang Road towards Canberra Road direction. I was travelling on the right most lane of the 3 lane road. As I was near the junction of Sembawang Road and Gambas Ave, one Silver Toyota lorry did not signal and suddenly cut into my lane in front of me. I managed to slow down, however the lorry driver of the said vehicle suddenly jammed break causing me to do the same. One vehicle behind me, SKZ7934S did not manage to stop and hit onto my rear and both of us stopped. I got out of the vehicle and notice that my rear bumper and bonnet was dented inwards. The other vehicle on the other hand has dents on the front and sides.

I wish to state that I did not manage to get the licence plate of the said lorry. My taxi has an in-car CCTV camera. I went to visit a clinic today as I felt discomfort on my lower back and neck area. I was given 7 days medical leave.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20180307/2031

3 of 3

Report No. T/20180307/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt KWEK LIZA FARLIZA BINTE
BAKHTIAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

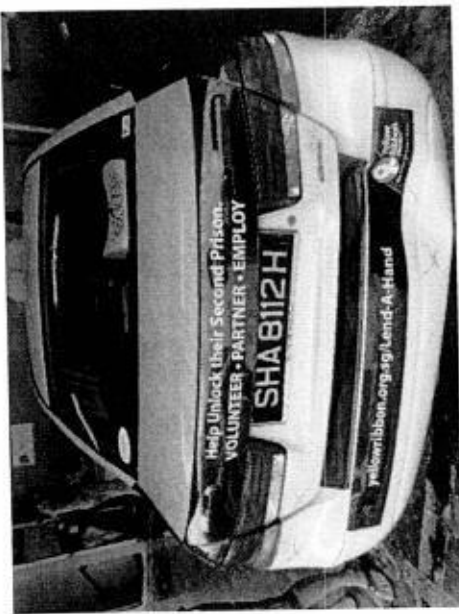
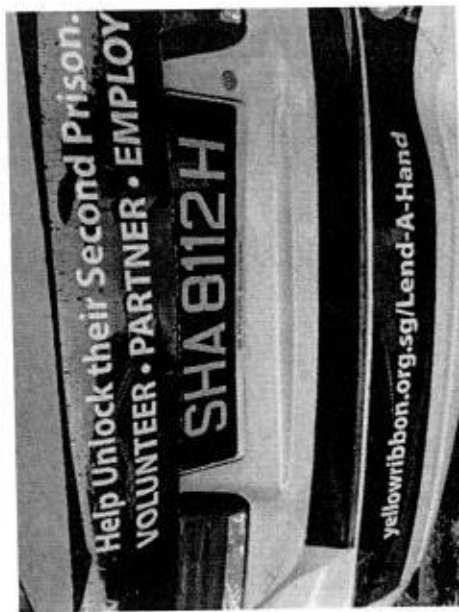
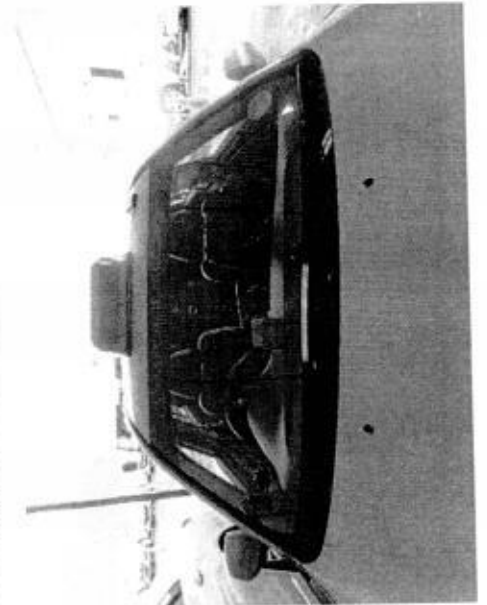
SIGNATURE

Signature Of Informant:

Date/Time:

07/03/2018 10:44

Classification Of Case:



COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Marine + 65 6363 6200 Facsimile + 65 6286 9755

Workshops

08 Loyang Drive Singapore 508939

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 209289

320 Hill Street Singapore 059507

24 Serangoon Loop Singapore 758158

7 Sungei Kadut Way Singapore 728755

8 Defu Avenue 1 Singapore 295507

Date/Time: 07.03.2018 15:46

Page : 1

Team: CK ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305122971

CUSTOMER	REGN NO.	MILEAGE
MR/MS CITYCAB PTE LTD	SHA8112H	
CUSTOMER NO. 7010070	MAKE	FUEL
ADDRESS 383 SIN MING DRIVE	HYUNDAI	E.....1/2.....
Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65551188	SONATA	06.03.2018 18:35
TEL (R) (P)	YR OF MANU	TARGET DATE
	31.07.2011	
DISCOUNT CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME
	KMHET41VMB814762	

JOB DESCRIPTION

Accident Date: 06.03.2018

NATURE: 3P 06.03.2018

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

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:

Vehicle No.:

'C No.:

SHA8112H

CHIANG @

SHA8112H

Vehicle No.:

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be 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

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

Singapore

Type: West-14

clients

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY

Policy No:

Vehicle Reg. SHA8112H

No.:

Party At Fault: UNKNOWN

Ref. No:

Date of Loss: 06/03/2018

Driveable? YES

Make/Model: HYUNDAI SONATA, 2.0 D CRDI
TURBO (NF) (A)

Vehicle Colour: YELLOW

Engine No: D4EAB988390

Odometer: 0 KM

Vehicle Reg. 31/07/2011

Date:

Gen Condition: GOOD

Chassis No: KMHET41VMBA814762

Paint Type:

List Item 20.00 %

Discount:

Total Loss? NO

Est. Duration of 6

Repair (day)

Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

Parts

Miscellaneous Items

Labour

Paintwork Labour

Towing

Amount

3,360.48

10.00

1,670.00

0.00

0.00

Gross Total (S\$)

5,040.48

+ GST 7.00% (S\$)

352.83

Nett Amount (S\$)

5,393.31

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: 07 Mar 2018)

Parts: 143 HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHA8112H/07/03/2018 17:01

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		*BOOTLID <i>Lat</i>	20.00	0.00	*1,349.50 FL
2	1		*BOOTLID RUBBER <i>Lat</i>	20.00	0.00	*110.90 FL
3	1		*BOOTLID LOCK UPP <i>X</i>	20.00	0.00	*132.10 FL
4	1		*BOOTLID LOCK LOW <i>X</i>	20.00	0.00	*30.30 FL
5	1		*BOOTLID SONATA PLATE <i>rec</i>	20.00	0.00	*43.60 FL
6	1		*BOOTLID HYUNDAI PLATE <i>rec</i>	20.00	0.00	*24.20 FL
7	1		*BOOTLID H EMBLEM <i>rec</i>	20.00	0.00	*26.10 FL
8	1		*BOOTLID crdi PLATE <i>rec</i>	20.00	0.00	*22.70 FL
9	1		*REAR BUMPER <i>Lat</i>	20.00	0.00	*578.40 FL
10	1		*REAR BUMPER REINFORCEMENT <i>rec</i>	20.00	0.00	*483.30 FL
11	10		*REAR BUMPER CLIP <i>rec</i>	20.00	0.00	*22.00 FL
12	1		*REAR BUMPER SPONGE <i>Lat</i>	20.00	0.00	*137.40 FL
13	1		*REAR BUMPER UBDER COVER <i>X</i>	20.00	0.00	*185.80 FL
14	2		*REAR BUMPER PROTECTOR LH/RH <i>X</i>	20.00	0.00	*76.00 FL
15	1		*REAR PANEL <i>X</i>	20.00	0.00	*391.80 FL
16	1		*REAR PANEL GARNISH <i>X</i>	20.00	0.00	*95.80 FL
17	1		*BOOTLID CITY CAB & TEL NO STICKER <i>rec</i>	20.00	0.00	*30.00 FL
18	1		*REAR NO. PLATE <i>X</i>	20.00	0.00	*25.00 FL
19	1		*REAR BUMPER REVERSE SENSOR <i>shel</i>	20.00	0.00	*135.70 FL
20	1		*REAR BUMPER ADVERTISEMENT LOGO <i>rec</i>	20.00	0.00	*50.00 FL
21	1		*REAR BUMPER RUBBER MAT <i>rec</i>	20.00	0.00	*50.00 FL
22	1		*REAR FENDER ADVERTISEMENT LOGO <i>rec</i>	20.00	0.00	*200.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	4,200.60
- List Item Discount on L Items (S\$)	840.12
Total Parts (S\$)	3,360.48

ComfortDelGro Engineering Pte Ltd/SHA8112H/07/03/2018 17:01. Not valid without Reference section.
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Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	850.00 600
2	SPRAY BEATING	New	600.00 540
3	WIRING	New	50.00 20
4	TUFF KOTE	New	50.00 20
5	REMOVE/REFIX REVERSE SENSOR	New	120.00 20
Gross Labour Cost (S\$)			1,670.00

ComfortDelGro Engineering Pte Ltd/SHA8112H/07/03/2018 17:01. Not valid without Reference section.
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< END OF ESTIMATES >

Kelvin (11/10/18)

8/3/18 10.5h

3 Reps

4s

After Repair p 1/2

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 claims on a "Without Prejudice" basis
- No legitimate claim(s) allowed
- Supplementary claim(s) must be resurveyed and subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

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/TMI18004457/K1QBN2

Date: 13/03/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MV001171
Claimant Vehicle No :	SHA8112H	Insured Vehicle No :	SKZ7934S
Date of Loss:	06/03/2018	Nature of Claim:	TP
		Claim No:	M1801281

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA8112H	Engine No:	D4EAB988390
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMBA814762
Reg. Date:	30/07/2011 (Man. Year: 2011)	Odometer:	153497 km
Colour:	Yellow		
Engine Capacity:	1991 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:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,360.48	2,611.04	749.44	22.30
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,670.00	1,180.00	490.00	29.34
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,040.48	3,801.04	1,239.44	24.59
Approved Total (Overridden) (S\$)		3,050.00		
(S\$)	5,040.48	3,050.00	1,990.48	39.49
+ GST 7.00/7.00% (S\$)	352.83	213.50	139.33	39.49
Nett Amount (S\$)	5,393.31	3,263.50	2,129.81	39.49

INSPECTION

Date of Assignment:	08/03/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	08/03/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 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: 13 Mar 2018)
Parts:	143	HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA8112H)	
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		*BOOTLID	Dented	1,349.50 FL	*1,349.50 FL
2	1		*BOOTLID RUBBER	Torn	110.90 FL	*110.90 FL
3	1		*BOOTLID LOCK UPP	Serviceable	132.10 FL	*- FL
4	1		*BOOTLID LOCK LOW	Serviceable	30.30 FL	*- FL
5	1		*BOOTLID SONATA PLATE	Necessary	43.60 FL	*43.60 FL
6	1		*BOOTLID HYUNDAI PLATE	Necessary	24.20 FL	*24.20 FL
7	1		*BOOTLID H EMBLEM	Necessary	26.10 FL	*26.10 FL
8	1		*BOOTLID crdi PLATE	Necessary	22.70 FL	*22.70 FL
9	1		*REAR BUMPER	Deformed	578.40 FL	*578.40 FL
10	1		*REAR BUMPER REINFORCEMENT	Cracked	483.30 FL	*483.30 FL
11	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
12	1		*REAR BUMPER SPONGE	Torn	137.40 FL	*137.40 FL
13	1		*REAR BUMPER UBDER COVER	Repair	185.80 FL	*- FL
14	2		*REAR BUMPER PROTECTOR LH/RH	Repair	76.00 FL	*- FL
15	1		*REAR PANEL	Repair	391.80 FL	*- FL
16	1		*REAR PANEL GARNISH	Serviceable	95.80 FL	*- FL
17	1		*BOOTLID CITY CAB & TEL NO STICKER	Necessary	30.00 FL	*30.00 FL
18	1		*REAR NO. PLATE	Serviceable	25.00 FL	*- FL
19	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FL	*135.70 FL
20	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FL	*50.00 FL
21	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FL	*50.00 FL
22	1		*REAR FENDER ADVERTISEMENT LOGO	Necessary	200.00 FL	*200.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	4,200.60	3,263.80
- List Item Discount on L Items 20.00/20.00% (\$\$)	840.12	652.76
Total Parts (\$\$)	3,360.48	2,611.04

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	850.00	600.00
2	SPRAY BEATING	New	600.00	540.00
3	WIRING	New	50.00	-
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (S\$)			1,670.00	1,180.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >