ASS. REC. BY: REF: CS MSGIR	004663/KIfd345pecial Instruction:
From (Person): Kuthurink Word of	TENT (Office) MS 16 Date/Time: 123116 3.14 pr Bill to:
	Insured: SKM 1493 E Tel: 6214 8300
Policy No: 80447560 QMX Sum Insured: Make of Veh: (Client's Record)	NVL Claim No: 552080 Excess:
CA / REV / REP. / REV 24 HRS Wp) Date/Time: 332 m 2 2 3 Person Contacted:	NOD D.
Date/Time Action/Instruction () Estimate SHD 33311 - CS GW 7 cc SIGN 493 E - X	2

(05/11/3) REF:	
Quive aux: Kalvin	GNMENT
<u> </u>	(110 3231 T 2/T/, 2016
From: Date:	
Estima telCost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tag / Prime Mover /
OD ITPINS ITP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insp eavehicle No:	Make: Hyun Sai Z40 0.0 1685
at Workshop m/s	Colour She A/C: Ins Ged / Std / NI / NA
of	Sp.Reading /177297 T/Radio: Inserted / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMHLB x14464.0 9 2116
Claims No.	Gen. Cond: Good / F Poor / Burnt
Sumin stred: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size; F: 205/60 R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF Harkels
Bal. or Market Value:	Front 2 Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. + mm R/Bal. + mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. + mm L/Bal. + mm
Est.Repairs: days Res.: Yes or No	D.O.A. 9/3/18 D.O.I. 12/3/18
LumSum: % 3 Val.: Yes or No	Survey held at CD4E (Loy 94g)
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to cellision.
Dela / Time Astion / Instruction	
27/1 Call 11/ \$ 1400.48/2/4	(Red 1261.10:47%) XXZ4
	NX.
RECEIVED A RECEIVED AND A	220
RECEIVED 2	J I U
Date/lime, File Pass to? : Prell. Report	Days Of Repair: 2
1)273 Typist :Final Report	Resurvey No. of Trip: Survey Fee: 200
DateTime, File Return to?	Transportation:
2) Add Fe	
	Interview (\$) Photos
Region of the state of the stat	The City of the State of the
0 1400-43	
	الم المناطقة

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	12 Mar 2018		12 Mar 2018 15:14 Assign		, and a second	MB AVGITED	New Assignment Cancel Case	
	Main	Refere	nce	Claim Detail	s	Documents	Show All	
	BFOLDER DETA	ILS				[Created by	insureri	
Insured:		Lam Chee Mu	n, ID: S72886	52F		La. aarod by	a.c.1	
Main Claim		Comfort Tran	sportation Pte	Ltd, Co. Reg. No	.: 199303821R			
Vehicle Reg	. No.:	SHD3331J		Date of Lo		09/03/2018 0	4:00 - :59	
Claim Type		TP		Policy/Cov	er Note No.:	80447560QMX Coverage: 03/11/2017 - 02/11/2		
Vehicle Reg	ehicle Reg. No. (Insured): SKM1493E		Policy No.	Policy No. (Claimant):		11/2017 - 02/11/2018		
				Excess:				
Repairer:		ComfortDelG	o Engineering	Pte Ltd (Loyang)	59 Loyang Drive,	508969 Lovang -	Tel: 6214 8300	
Handling In	surer:	MSIG Insurar Chew Shong	ice (Singapore) Pte. Ltd. (HQ) -	Tel: +65 6827 78	88 [Handled by	Katherine Wong	
Adjuster:				d (HQ) - Tel: 6256	-3561 [Imm.	Advice due 13	/03/2018]	
ASSOCIAT	ED MAIL RECE						703/2010]	
						View Al	Compose Case Mail	
incle ple fi	o mail for this cas	e.						
ALL ASSO	CIATED TASKS	3			View All Sea	rch Tasks Create	L Village Lance vill - American and Lance village vill	
Due Date	Priority Ty	pe Task Grou	Subject	Handler Assi			New Task Complete	
	. ,		. ~~~,	HANDIGE ASSI	aneu by Cor	npleted On 💢	Created On Done?	



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 Internation	onale Des Experts En Automob	lle van en
MSIG INSURANCE (S	SINGAPORE) PTE LTD	Ref : CS/MSG18004663	3/K1td3
16 RAFFLES QUAY #24-01 HONG LEONG	BBLDG SINGAPORE 048581	Date: 12-03-2018 Code: MSG	
1.42	Policy Particulars	-THIRD PARTY CLAIM	
Insured Veh.	SKM 1493E	Veh. Inspected	SHD 3331J
Policy No.	80447560QMX	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (KATHERINE WONG)	Assign Date	12/03/2018
2.	Vehicle Parti	culars & Condition	
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	<u> </u>
Odometer	-	Steering	
Brakes		Modification	· · · · · · · · · · · · · · · · · · ·
General			· · · · · · · · · · · · · · · · · · ·
	Conditi	ons 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
	, v _a Descriptio	on of Damages	
	and has been a managed of the second of the	Information	
Accident Date	09/03/2018	Inspection Date	12/03/2018
Survey held at	COMFORTDELGRO ENGINEER	RING PTE LTD	
	59 LOYANG DRIVE SINGAPORE 508969		
a. Walley	Re	emarks 🔑 🧢 🗀 😘 💮	TOTAL STATE
A)THE INSPECTION	N WAS CONDUCTED ON A"WITI	HOUT PREJUDICE" BASIS.	million hands on which and the state of the
BIIN ACCORDANC	E TO YOUR INSTRUCTIONS, WI	E HAVE NOT AUTHORISED I	REPAIRS.

OMFORTDELGRO ENGINEERING

member of COMFORIDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddy'i Road Singapore 579701 Magazine + 95 3000 5280 Tepsonie + 65 6481 8755

Workshops

\$2 boyng Dr. is Singapore 508369

\$3 boyng Dr. is Singapore 578717

\$3 Sin Ming Dr. is Singapore 578717

\$5 Pagdan Read Singapore 509286

Date/Time: 32102 Re03 Singapore 509286

Page: 1

eam:	ARC Repair TP(CLSO)1	JOB CARD Sales Order: 3809778	_{JC NO.} 305123848
OMER		REGN NETTO 3331J	MILEAGE
IS FOMER	COMFORT TRANSPORTATION PTE I 7010045	MAKE HYUNDAI	FUEL EF
RESS	STHOAPOLE STHOAPONE 3/3/1/	MODELI-40 12.	03 ^{AT} 20145 168:00
(R) (P)	65508755 (O)	YR OF 21.07.2016	TARGET DATE
, ,	CARD NO	CHASSINATION OF THE CHASSI	COMPLETION DATE/TIME:
CONT	CARD NO.		

JOB DESCRIPTION

.ccident Date: 09.03.2018

ATURE: 3P 09.03.18/B

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:					
SERVICE ADVISOR	l			CUSTOMER'S SIGNATURE	
wledgement Slip		Exit Pass			
.: SHD3331J 9 No.:	FZ MSIG	Vehicle No.:	SHD3331J		
of Service Advisor	Signature/Date	Name of Service Adv	visor	Date	
returned to Service Reception upon	To be kept by Securi	ty Guard		a pieties	

MCD618032921 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 09/03/2018 11:04 SUBMITTED BY: Janet Lim Siang Gek

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 witholding 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	09/03/2018 11:04	
Date Of Accident	09/03/2018 04:00	
Exact Location Of Accident	SIMS AVE X LOR 1 GEYLANG	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD3331J

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 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 CHEW KENG HWEE

NRIC No S1374587J
Date Of Birth 17/11/1959
Occupation OUTDOOR
Date Of Driving Pass 06/05/1977

Driving Experience 40 YEARS AND 10 MONTHS

Gender MALE

Mobile Number
Fax Number

Contact Number

EMail Address NOEMAIL

BLK 132 BEDOK NORTH STREET 2 Address

#05-81

460132 Postcode

Was driver an employee of the Insured's Company NO

OTHER - TAXI DRIVER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

2 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)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

NO Was the accident reported to the police?

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 SKM1493E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver MUHAMMAD TAUFIQ

NRIC/Passport Number

Contact Number S8629190H

Address Postcode

Insurance Company Name

UNSURE Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

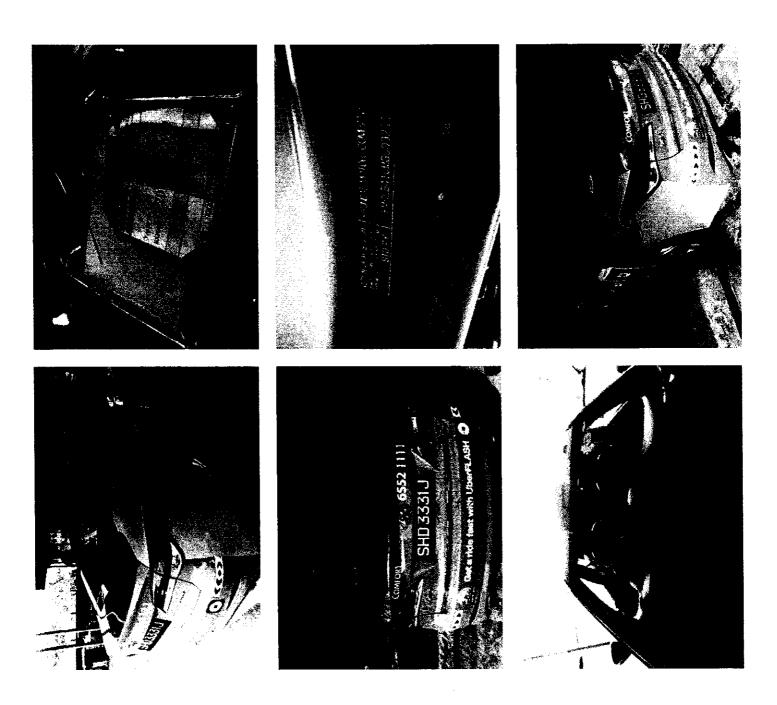
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Sketch Plan Pg. 2

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SKETCH PLAN	
	
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take at the	above junction waiting for the Proffic
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Sudd Ouler a	The second later a can Skm 1493 E
Came defin be	Law seconds later a can Skm 1493 & hand hit the Rear Portion of my
tax.	Transfer to the property of the property of
At a	
100 pax on	board my take. No myary at the Accident. a video footige to support my
point of the	Accidente.
Enclosed is	a video protige to support my
clains.	
2000	
DECLARATION:	
DECLARATION /We declare the foregoing particulars :	are true in every respect
IFORT TRANSPORTATION PTE	LTD , A
CO. REG. NO. 199303821R	\\\ mloz/18'/~/
Onlies should not be Signature	Who will be a second of the se
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Perfonnel's Signature (If driver is not the policyholder) Name:
	Date & Time NRIC/FIN No.

GIARIAC ShetchPlanForm_V3



COMFORTDELGRO ENGINEERING PTE LTD

RÈPAIR ESTIMATE*

VEHICLE NO: SHD 3331J

MS1G REAK

DATE 9/3/2018 10:36

PP

MAKE

	: HYUNDAI i40				44		~
Qty	Parts Description/ Labour	Type	Unit	Price		Amount	
	Rear Bumper				\$	603.60	
	Rear Bumper Reinforcement	_			\$	504.35	1
	Rear Bumper Reinforcement Bracket (LH/RH)		\$	180.00	\$	360.00	
	Rear Bumper Side Bracket				\$	49.00	
					\$	22.00	
	Rear Bumper Sponge				\$	143.40	
	Rear Bumper Clips Rear Bumper Sponge Rear Bumper Under Cover				\$	225.00	
	SUB TOTAL				\$	1,907.35	1
	LESS 20%				\$	381.47	
	DISCOUNTED TOTAL				\$	1,525.88	-
						ŕ	
	Rear Bumper Reverse Sensor Rear Bumper Advertisement Logo Rear Fender Advertisement Logo (LH/RH)				\$	135.70	N
	Rear Bumper Advertisement Logo				\$	10-50.00	N
	Rear Fender Advertisement Logo (LH/RH)		\$	100.00	\$	200.00	N
	}				<u> </u>	205 50	4
					\$	385.70	
	Labour Charge					220	
	Panel Beating				\$	380.00	؍ ا
	Spray Painting Charge				\$	200.00	ľ.
	Wiring Charge				\$	20 9.00 59.00 120.00]/
	R/Refix Reverse Sensor				\$	120.00	2
	TOTAL LABOUR	!			\$	750.00	1
	ESTIMATE TOTAL				\$	2,661.58	\dagger
						2711.58	1
	Kahi 1010k) M 12/3/18 1850h. 2 Page.	IK	K Auto Con	n. 14 - 4 - 4		•	
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	PIP Refore Paint photo.	Аскл	wiedged by R			- ownhairy	
	o have failed place	Signa	ture:	chanel		- 1	
		Date:				j	
	1						1

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our J	Our Job Ref No : 305123848							
Date		·	19.03.2018			59 Loya	DelGro Engineering Pte Ltd ng Drive Singapore 508969 46 8156	
FINA	LIZATI	ON FORM						
То	:		LKK			Fax:		
Attn	:		KALVIN					
Vehic	Vehicle Reg No. : SHD3331J				Date	of Accident:_	09.03.2018	
Thes	survey a	and estimates of th	ne repairs of the above-me	entioned v	ehicle ar	e as follows:-		
1.	The r	epair job shall bill t	o:	MSIG			SKM1493E	
2.	The f	inalized amount st	nall be:					
	(a)	Spare Parts afte	r List discount				\$680.48	
	(b)	Labour Charges					\$720.00	
	` '		y-Part Repair Cost				\$1,400.48	
(c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost					20%		\$0.00 \$0.00	
3. 4. 5.	We s 7 wo	nated normal perion thall treat the aborking days	ove amount as Corredt a	2 and Confi	irmed if	rking days. there is no replayed to the estimate the est		
	Signa	ature:	Mus		Signature:			
	Nam	e : FAUZY BI	N MOKHTAR		Name :			
	Tel	: 6214831	9		Da	te :	2 4/3/.8	
	Fax	6546815	6					
For	Officia	l Use Only	~					
	-	Item	Amount	At	cument tached s or No	Confirm By (Signature)	Remarks	
1. F	Rental F	Rate P/Day			YES			
2. L	oss of	Income Paid			N		-	
3. 5	Survey I	Fees						
5. N	/ledical	arch Fee Fees (on behalf , if applicable)	7.49					
	narks:			•				
	_							
	_							

COMFORTDELGRO ENGINEERING PTE LTD

Date: 19.03.2018 Time: 18:37:52

REPAIR ESTIMATE

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 REGN NO : 305123848

MILEAGE

: SHD3331J : 0000000000

MAKE

: HYUNDAI

MODEL

: I-40

DATE OF REGN

: 21.07.2016

DATE/TIME IN

: 12.03.2018 08:00

ACCIDENT DATE : 09.03.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

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

SUB-TOTAL : 680.48

JOB NATURE

0000 20-05	RENEW ADVERTISMENT REAR BUMPER		100.00
0001 20-05	RENEW ADVERTISMENT REAR FENDER LH		100.00
0002 20-05	RENEW ADVERTISMENT REAR FENDER RH		100.00
0003 L	PANEL BEATING	220.00	
0004 L	SPRAY PAINTING CHARGE	180.00	
0005 L	REMOVE/REFIX REVERSE SENSOR	20.00	1

SUB-TOTAL : 720.00

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COMFORTDELGRO ENGINEERING PTE LTD

SURVEYOR NAME & SIGNATURE

REPAIR ESTIMATE

Date: 19.03.2018 Time: 18:37:52

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305123848

REGN NO

: SHD3331J

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: **I-4**0

DATE OF REGN

DATE/TIME IN

: 21.07.2016 : 12.03.2018 08:00

ACCIDENT DATE : 09.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,400.48

AUTHORISED: YES/NO

MVA NAME & SIGNATURE

DATE:

DATE:

Merimen e-Claims Page 1 of 1

...CLAIM SUBFOLDER...(Pending for Survey Report)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adi Subi	nitted Ir	ns Auth'ed	Status
Main	12 Mar 2018	LSC Submitted	12 Mar 2018 15:14 Edit Adj Rpt	S\$1,400.48 Edit Estimates	S\$1,400 View R	0.48	is natifica	Pending for Survey Report Cancel Case
	Main	Refere	nce	Claim Details		Docu	ments	Show All
CLAIM SU	JBFOLDER DET	AILS				[C	reated by i	nsurer]
Insured:		Lam Chee Mi	n, ID: S728865	52F				
Main Claim	ant:	Comfort Trai	sportation Pte	Ltd, Co. Reg. No.:	19930382	lR .		
Vehicle Reg	g. No.:	SHD3331J	SHD3331J		Date of Loss:		09/03/2018 04:00 - :59	
Claim Type:		TP / 552080		Policy/Cove	Policy/Cover Note No.:		80447560QMX Coverage: 03/11/2017 - 02/11/2018	
Vehicle Rec	g. No. (Insured):	SKM1493E	SKM1493E		Policy No. (Claimant):			
				Excess:				
Repairer:		ComfortDelG	ro Engineering	Pte Ltd (Loyang) 5	9 Loyang D	rive, 508969	Loyang - Te	l: 6214 8300
Handling Ir	nsurer:	MSIG Insura Shong - 6594		Pte. Ltd. (HQ) - T	el: +65 682	?7 7888 [H	Handled by K	atherine Wong Chev
Adjuster:		Rpt due 11		d (HQ) - Tel: 6256-	3561 [Ha	andled by KA	LVIN ANG \	WEI KUN] [Final
ASSOCIATED MAIL RECEIVED				View All Compose Case Mail				
There are r	no mail for this ca	ıse.			• •			
	OCIATED TASK	A			iew All	Search Tasks	Create N	ew Task Complete

Subject Handler

Due Date

No results.

Task Group

Completed On

Created On

Done?

Assigned By

Page 1 of 2

Claim Documents

*SHD3331J (552080)
[SKM1493E]
TP
Comfort Transportation Pte Ltd
Mar 9 2018 4:00AM
[Lam Chee Mun]
ComfortDelGro Engineering Pte Ltd

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Documents Checklist

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There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

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/MSG18004663/K1TD3E2

Date:

28/03/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

80447560QMX

Claimant Vehicle SHD3331J

Insured Vehicle No:

SKM1493E

Date of Loss:

09/03/2018

Nature of Claim:

TP

Claim No: 552080

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SHD3331J

Make & Model:

HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)

Engine No: D4FDGU656525

Reg. Date: Colour:

21/07/2016 (Man. Year: 2016) Blue

Chassis No: KMHLB41UMGU092116 Odometer: 177297 km

Engine Capacity:

Market Value/New Car Price: N/A

1685 cc

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

205/60 R16

Rear Tyre Size:

205/60 R16

Front Left Side: Front Right Side: Hankook 7 mm Hankook 7 mm Rear Left Side: Rear Right Side: Hankook 7 mm Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,961.58	980.48	981.10	50.02
Miscellaneous Items	0.00	0.00	0.00	
Labour	750.00	420.00	330.00	44.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,711.58	1,400.48	1,311.10	48.35
+ GST 7.00/7.00% (S\$)	189.81	98.03	91.78	48.35
Nett Amount (S\$)	2,901.39	1,498.51	1,402.88	48.35

INSPECTION

Date of Assignment:

12/03/2018

Date Inspected:

12/03/2018 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:

DENISE TAY KWEE CHENG

Page 2 of 4 Adjuster Report 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. https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_... 28/3/2018

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 28 Mar 2018)

Parts:

HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SHD3331J)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
4	1		*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	1		*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 REVERSE SENSOR	Serviceable	135.70 FS	*- FS
9	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	100.00 FS	*100.00 FS
10	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 FS	*200.00 FS
F≐Fra	ınchise	part. S=Spc	Nett. L=ListItemDisc.		,	as the stratificandasses a
				Sub Total (S\$)	2,343.05	1,150.60
			- List Item Discount on L Items 20.	00/20.00% (S\$)	381.47	170.12
			т	otal Parts (S\$)	1,961.58	980.48

Report was unsubmitted during this print-out.

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Lab</u>	our Items			
1	PANEL BEATING	New	380.00	220.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	R/REFIX REVERSE SENSOR	New	120.00	20.00
		Gross Labour Cost (S\$)	750.00	420.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >