

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 Internal	tionale Des Experts En Auton	nobile
TOKIO MARINE INSU	RANCE SINGAPORE LTD	Ref : CC3/TMI18005	
20 MCCALLUM STRE TOKIO MARINE CENT	ET #09-01 RESINGAPORE 069046	Date: 27-03-2018 Code: TMI	
1,045721674-1200	Policy Particular	S:-THIRD PARTY CLA	IM C. REFERENCES
Insured Veh.	SLU 9668L	Veh. Inspected	SHA 1647C
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/03/2018
	Vehicle Par	ticulars & Condition	
Make & Model	And the second s	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
	Condi	tions 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
6.4	Descript	ion of Damages ion	
 E_English No ** 's	Higa N. Gener	al,Information	
Accident Date	26/03/2018	Inspection Date	27/03/2018
Survey held at	COMFORTDELGRO ENGINEE		
	59 LOYANG DRIVE SINGAPORE 508969		
a. A. A. C.		Remarks	
A)THE INSPECTIO	ON WAS CONDUCTED ON A"W	THOUT PREJUDICE" BAS	IS.
B)IN ACCORDANCE	DE TO YOUR INSTRUCTIONS, I	WE HAVE NOT AUTHORIS	ED REPAIRS.

OMFORT JELLING ENGINEERING

member of COMFORTDELGRO

Date/Time: 27.03.2018 12:19

Page : 1

am:	ARC Repair TP(CLSO)1	JOB CAR
MER		er een tij dit it is in die state on die state
;)MER :SS	COMFORT TRANSPORTATION PTE 7010045 983 SIN MING DRIVE	LTD
:55 (R)	Singapore SINGAPORE 575717 65508755 (O)	
(P)	`,	
UNT C	CARD NO.	

JOB DESCRIPTION

cent Date: 26.03.2018

TURE: 3P 26.03.18

'NO

LABOR CODE

DESCRIPTION

	SERVICE ADVI	SOR		CUSTOMER'S SIGNATURE
ledger	ment Slip		Exit Pass	
Vo.:	SHA1647C	LIMTS	Vehicle No.: SHA1647C	
f Serv	ice Advisor	Signature/Da	Name of Service Advisor	Date

MCD618041215 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 27/03/2018 11:37 SUBMITTED BY: Catherine Por Moy Juan

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	27/03/2018 11:37	
Date Of Accident	26/03/2018 20:10	
Exact Location Of Accident	BENDEMEER RD XJUNCTION OF LAVENDER ST.	
Country/State of Loss	SINGAPORE	

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1647C

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

NG KEE LEONG

NRIC No

S1256902E

Date Of Birth

23/06/1957

Occupation

OUTDOOR

Date Of Driving Pass

24/02/1978

Driving Experience 40 YEARS AND 1 MONTH

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address NOEMAIL

968 #04-630 HOUGANG AVENUE 9 Address

530968 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

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

1

Was any other material or property damaged? YEŞ

I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

SEE ATTACH.

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

SLU9668L Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

LI YONGLIE MELVIN Name of Driver

NRIC/Passport Number S8229254C Contact Number 81117880

Address Postcode

Insurance Company Name

FRT Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NG KEE LEONG Name

. Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

61

NECK,BACK

SHA1647C

YES

NO

Sketch Plan Pg. 1

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCONSTANCES OF THE ACCIDENT
on 26/3/2018 at about 2010 hrs, I vehicle H was -
Stop ed nedesman Crossing Stop Line. Suddenly
•
Vehicle B Came from my rear band outs my tox
men Causing the domeged Due to great lungued
I felt jenk on neck and surge forward.

DECLARATION

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

CO. REG. NO. 199303821R

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

GIARMC SketchPlanform_V3

27/3//F Jackson Heng CSO

PHERIA

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

• •

Sketch Plan Pg. 2

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
- 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:

- 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
- 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 LI

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Jackson Hong

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARNAC SketchPlanform_V3

COMFORTDELGRO ENGINEERING PTE LTD MEVIMEN

REPAIR ESTIMATE*

VEHICLE NO: SHA 1647C

TOKIO MATINE (PIP)

DATE 27/3/2018

MAKE

MODEL

: HYUNDAI i40

LKK- Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	<u> </u>	Amount
	Rear Bumper			\$	603.60
	Rear Bumper Bracket (RH) X 52			\$	49.00
	Rear Bumper Clips 10 pcs — **C			\$	22.00
	Rear Bumper Clips 10 pcs — ALC Tail Lamp (RH) X n old lange			\$	565.60
	SUB TOTAL			<u>\$</u>	1,240.20
	LESS 20%			\$	248.04
	DISCOUNTED TOTAL			\$	992.16
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$	200.00
	Labour Charge				200
	Panel Beating- Repair Rear RH Fender			\$	\$00.00
	Spray Painting Charge			\$	500.00
	TOTAL LABOUR			\$	1,000.00
	ESTIMATE TOTAL			\$	2,192.16
	Kahin (Ully) 1 27/3/18/14/16/2 2 Rys				
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	1/27/3/18/4/02		uto Consultants hence no	fy	
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	μ	is su	ect to this approval from Insura		-
		Acknov Signati	Medged by Repairer		!
		1 -		<u></u>	
	This is an initial estimate based on a visual inspection of the be prepared after the vehicle is surveyed by a motor Surveyed.				

COMFORTDELGRO ENGINEERING

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Our Job Ref No : 305135819 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 29/03/18 Date **FINALIZATION FORM** LKK Fax: KALVIN ANG Attn Vehicle Reg No. : SHA1647C 26-Mar-18 Date of Accident : The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-TOKIO MARINE SLU9668L The repair job shall bill to: 2. The finalized amount shall be: \$500.48 Spare Parts after List discount \$610.00 Labour Charges (b) \$1,110.48 Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) (c.) Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost 2 _working days. 3. Estimated normal period for repairs: We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days 5. Thank you for your assistance. We confirm the estimates and finalized amount Signature: Signature KAĽVIN Name : LIMTS Name 62148398 Date Tel 65468156 Fax For Official Use Only Document Confirm By Attached Remarks Amount Item (Signature) Yes or No 1. Rental Rate P/Day YES Loss of Income Paid 3. Survey Fees 4. LTA Search Fee 5. Medical Fees (on behalf of driver, if applicable) Overrun Remarks:

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COMFORTDELGRO ENGINEERING PTE LTD

Date: 28.03.2018 Time: 17:31:35

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

: 305135819

REGN NO

: SHA1647C

MILEAGE

: 0000000000

MAKE

: HYUNDAI

MODEL

: I-40

DATE OF REGN

: 05.11.2015

DATE/TIME IN

: 27.03.2018 10:00

ACCIDENT DATE : 26.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REOUISITION

0001 04-01-0103-0579-G REAR BUMPER I 603.60 20.00 482.88

0002 04-01-0101-0111-G REAR BUMPER CLIPS 10 L 22.00 20.00 17.60

SUB-TOTAL: 500.48

JOB NATURE

0000 20-05

Rear Fender Adv. Sticker RH/LH

200.00

0001 L

PANEL BEATING

200.00

0002 23-502

SPRAYPAINT ON AFFECTED AREA

200.00

0003 20-05 TP MERIMEN

10.00

SUB-TOTAL: 610.00

TOTAL : 1,110.48

MVA NAME & SIGNATURE

DATE:

DATE:

AUTHORISED: YES/NO

SURVEYOR NAME & SIGNATURE

Page 1 of 1

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adi Sul	bmitted	Ins Auth'ed		Status	
Main	27 Mar 2018 17:56 Sendback Est	27 Mar 2018 17:58 \$\$2,202.16	28 Mar 2018 10:22 Edit Adj Rpt	S\$1,110.48 Edit Estimates	\$\$1,11 View	10.48				or Survey
	Main	Refere	ence	Claim Deta	ils		Document	s	<u> </u>	Show All
CLAIM SU	BFOLDER DETA	ILS						<u> </u>		
Insured:	CTPL, Co. Re	eg. No.: 19930382	1R							
Main Claimant:	CTPL									
Vehicle Reg No.:	SHA1647C			Date of Lo			0:00 - :59 nd 21 Days Fro	om LTA	Reg Date (Man Yr)]
Claim Type	Policy/Cover Note No.: MI000894 (Comprehensive) Coverage: 25/05/2017 - 24/05/2018									
Vehicle Reg No. (Insured):	SLU9668L Policy No. (Claimant):									
				Excess:		800.00				
Repairer:	ComfortDelG	ro Engineering P	te Ltd (Loyang)	59 Loyang Drive, 50	08969 Loy	ang - Tel	: 6214 8300			
Handling Insurer:	Tokio Marine	: Insurance Singa	pore Ltd (HQ) -	Tel: 6221 6111	[Handled b	y Dillen	Senthilan so	Selvara	ijoo]	
Adjuster:	LKK Auto Coi 09/04/2018		(HQ) - Tel: 6256	-3561 [Handled	by KALVI	N ANG W	/EI KUN] [Final	Rpt due	
Adj Asg. Remarks:	PLEASE CHECK	K CONSISTENCY O	F THE DAMAGES.							
ASSOCIA	TED MAIL RECE	IVED					VI	ew Ali	Compose	e Case Mail
There are r	o mail for this cas	e.		CHICKE A SECTION					•	
ALL ASSO	CIATED TASKS	=	1		View A	II Sea	rch Tasks C	Create No	ew Task	Complete
Due Dat No results.	e Priority 1	Type Task Gro	up Subject	Handler As	signed By		ompleted On		eated On	

Merimen e-Claims Page 1 of 2

Claim Documents

SHA1647C (M1801611)

[SLU9668L]

TP

CTPL

Mar 26 2018 8:00PM

[CTPL]

ComfortDelGro Engineering Pte Ltd

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Ass	essment Reports		1 per page	7
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1	28/03/18 10:23	Accident Statement From:SC - Reg. No: SLU9668L, Claimant: SUPREME LEASING & LIMAUSINE PTE LTD	1 Load HTN	1
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1	27/03/18 17:59	E-filed GIA report	■ Load PDF	=

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Merimen e-Claims Page 2 of 2

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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Show Remarks To: Repairer 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, Pava 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:

CC3/TMI18005695/K1RBE2

Date:

04/04/2018

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MI000894

Claimant Vehicle SHA1647C

Insured Vehicle No:

SLU9668L

Date of Loss:

26/03/2018

Nature of Claim:

TP

Claim No: M1801611

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHA1647C

Make & Model:

HYUNDAI 140, 1.7 D CRDi (A)

Engine No:

D4FDFU561537

401349 km

Reg. Date: Colour:

05/11/2015 (Man. Year: 2015)

Chassis No: Odometer:

KMHLB41UMGU080253

Engine Capacity:

1685 cc

Market Value/New Car Price: N/A Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No Pre-accident Condition: Good

CONDITION OF TYRES

Front Tyre Size:

205/60 R16

Rear Tyre Size:

205/60 R16

Front Left Side: Front Right Side: West Lake 7 mm West Lake 7 mm

Rear Left Side: Rear Right Side: West Lake 7 mm West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,192.16	700.48	491.68	41.24
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,000.00	400.00	600.00	60.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,202.16	1,110.48	1,091.68	49.57
+ GST 7.00/7.00% (S\$)	154.15	77.73	76.42	49.58
Nett Amount (S\$)	2,356.31	1,188.21	1,168.10	49.57

INSPECTION

Date of Assignment:

28/03/2018 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

27/03/2018 Inspected At:

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: Janice Lee Si Hua

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_p... 4/4/2018

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 03 Apr 2018)

Parts:

143

HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHA1647C)

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 BRACKET RH	Serviceable	49.00 FL	*- FL
3	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
4	1		*TAILLAMP RH (CRACKED)	Old Damaged	565.60 FL	*-FL
5	2		*REAR FENDER ADVERTISEMENT STICKER RH/LH	Necessary	200.00 F	*200.00 FS
F=Fra	anchise	part. S=Spc	Nett. L=ListItemDisc.			
				Sub Total (S\$)	1,440.20	825.60
	- List Item Discount on L Items 20.00/20.00% (S\$)					125.12
				Total Parts (S\$)	1,192.16	700.48

Report was unsubmitted during this print-out.

400.00

1,000.00

Recommended Miscellaneous Items

No Qty Particulars		Repairer's	Amount
Miscellaneous Items		 -	
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	500.00	200.00
2 SPRAY PAINTING	New	500.00	200.00

Report was unsubmitted during this print-out.

Gross Labour Cost (S\$)

< END OF ESTIMATES >