

ASS. REC. BY:

REF: CS / AG118005995 / K1Wb72 Special Instruction:

Surveyor:

Kahm

## ASSIGNMENT (Office)

From (Person):

Jwie

of

AGIL

Date/Time:

02042018 436pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 4788T

Insured:

SLX 1933H

at Workshop m/s

Comfort Delgro

Tel:

6214 8316

of

59 Loyang Drive

Policy No:

Claim No:

C10001465

Sum Insured:

Excess:

Make of Veh:

D.O.A.

30032018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

02042018 138pm

Person Contacted:

Lamy

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 4788T - x
	SLX 1933H - x

(08/11/2013)

Name: Kalvin

REF:

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected 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: \_\_\_\_\_ 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: SHD4788T Yr Regn: 3' Aug 2013

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

Truck / Trailer or

Make: Hyundai I40 C.C. 1682Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 637577 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLEB414MD40J8591

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or WashitaFront 7 mm Rear 7 mmR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 30/3/18 D.O.I. 2/4/18Survey held at CDGE (Loyang)

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

n/s Bdy.

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

Date / Time Action / Instruction

6/4/18 Called up b 2300 / 2 hrs. (Red 104-36, 32M) Auto & Grand4/5

RECEIVED 08 APR 2018

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 6/4 - typist

Report Format:

Lump Sum / L.B. (\$) TP  
LS \$230012Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL



# 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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18005995/K1vb

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 02-04-2018



Code : AGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLX 1933H	Veh. Inspected	SHD 4788T
Policy No.		Coverage (\$)	0.00
Claim No.	C10001465	Excess (\$)	0.00
Assign From	JULIE	Assign Date	02/04/2018

## 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	30/03/2018	Inspection Date	02/04/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

## 5a. Remarks

--	--

**Catherine Chong (LKK Auto)**

---

**From:** Julie Mangubat <julie.m@budgetdirect.com.sg>  
**Sent:** Monday, 2 April, 2018 4:36 PM  
**To:** sur@lkkauto.com; assignments@lkkauto.com  
**Subject:** FW: SHD4788T VS SLX1933H DOA: 30.03.2018  
**Attachments:** img-402160619-0001.pdf

Hi Team

Please accept TPPD survey from CDGE.  
Survey TP vehicle on a without prejudice basis.

Thank you,  
-Julie

**From:** Ng Nyuk Phin <ngnp@cdge.com.sg>  
**Sent:** Monday, 2 April, 2018 4:10 PM  
**To:** Claims <claims@budgetdirect.com.sg>  
**Subject:** SHD4788T VS SLX1933H DOA: 30.03.2018

Dear Motor Claims,

Please see attached repair estimate and SAS.

Kindly arrange to survey the taxi at 59 Loyang Drive, level 4, rooftop carpark as soon as possible.

Regards,  
Larry Ng  
ComfortDelgro Engineering Pte Ltd  
Loyang Taxi Crash Repair  
6214 8316

-----Forwarded by Ng Nyuk Phin/cdge/delgronotes on 04/02/2018 04:07PM -----

To: [ngnp@cdge.com.sg](mailto:ngnp@cdge.com.sg)  
From: "ApeosPort-IV C5570" <[sbs-singnalling@sbstransit.com.sg](mailto:sbs-singnalling@sbstransit.com.sg)>  
Date: 04/02/2018 04:07PM  
Subject: Scan Data from CDG\_LO\_AW\_A5570

(See attached file: *img-402160619-0001.pdf*)

Number of Images: 11  
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]

---

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.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	02/04/2018 08:52
Date Of Accident	30/03/2018 13:00
Exact Location Of Accident	JUR WEST ST 64 HDB SERVICE RD BLK 678A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4788T
<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

### 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	LIM SEE HONG
NRIC No	S7118608C
Date Of Birth	06/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	SHAWNLM060671@YAHOO.COM.SG

Address	BLK 3 ST. GEORGE'S ROAD #10-111
Postcode	320003
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KALLANG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180330/2073 / Type Of Accident : HEAD TO SIDE

#### 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	SLX1933H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA ENG KOK
NRIC/Passport Number	S7512300J
Contact Number	91009553
Address	
Postcode	
Insurance Company Name	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.

Nature Of Damage

FRT

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

I understand, acknowledge, agree and consent that:

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

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

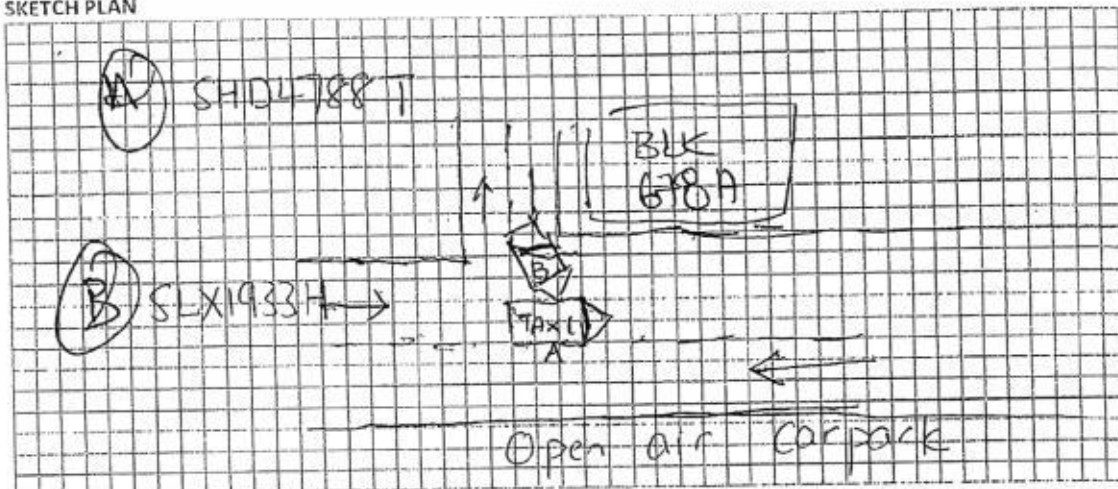
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report no. T/20180330/2013

## 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.:



**SINGAPORE  
POLICE FORCE**



T/20180330/2073

1 of 3

Police Station Of Origin:  
Kallang NPP  
105 Towner Road #01-400 SINGAPORE  
321105  
Tel No: 1800-2996999

Report No. T/20180330/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/03/2018 15:21	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LIM SEE HONG		Address: APT BLK 3 ST. GEORGE'S ROAD #10-111 SINGAPORE 320003	
ID Type / ID No.: NRIC NO / S7118608G		Contact No.: Home/Office:	Mobile: 92993303
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 06/06/1971	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 30/03/2018 13:00	Type of Location: T-Junction
Location: Along Road 1 JURONG WEST STREET 64 Blk 678A Jurong West Street 64			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD4788T	Car				Slightly Damaged	1
SLX1933H	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180330/2073

Police Station Of Origin:  
Kallang NPP  
105 Towner Road #01-400 SINGAPORE  
321105  
Tel No: 1800-2996999

Report No. T/20180330/20

**CONTINUATION OF REPORT**

**Brief Details.**

On 30/03/18 at about 1300hrs, I was driving along Blk 678A Jurong West Street 64 with my Comfort taxi vehicle (SHD4788T). I was driving straight. One vehicle (SLX1933H) suddenly drive out from the T-junction and turning left near Blk 678A. I immediately turn right to avoid collusion, but to no avail. My vehicle front left bumper came in contact with his vehicle (SLX1933H) front right bumper. Causing scratcher at the front-left side near the headlight and there was a dent at the side near front left wheel. His vehicle front bumper came off.

I wish to state that no one was injured. There was in-car camera.

Vehicle (SLX1933H) Driver Particular:  
Chua Eng Kok / Male  
S7512300J  
21/04/1975  
91009553



**SINGAPORE  
POLICE FORCE**



T/20180330/2073

3 of 3

Report No. T/20180330/2073

Police Station Of Origin:  
Kallang NPP  
105 Towner Road #01-400 SINGAPORE  
321105  
Tel No: 1800-2996999

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:

A /

Sgt 2 CAI JINQUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/03/2018 15:21

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

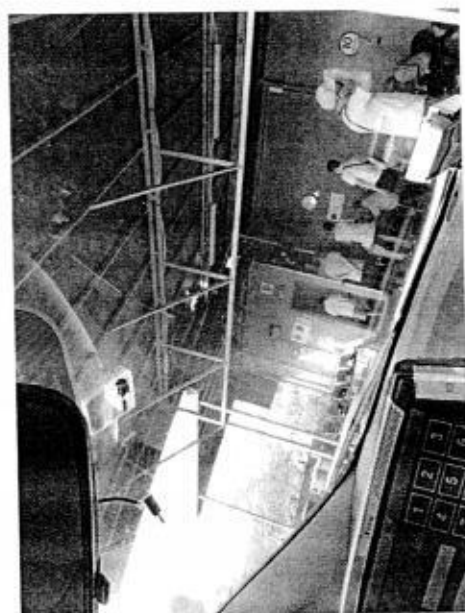
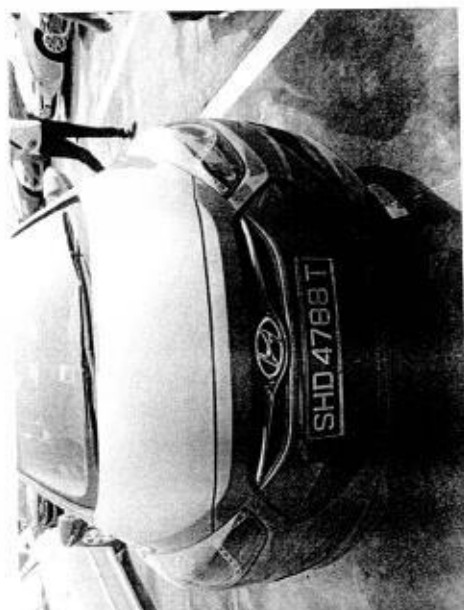
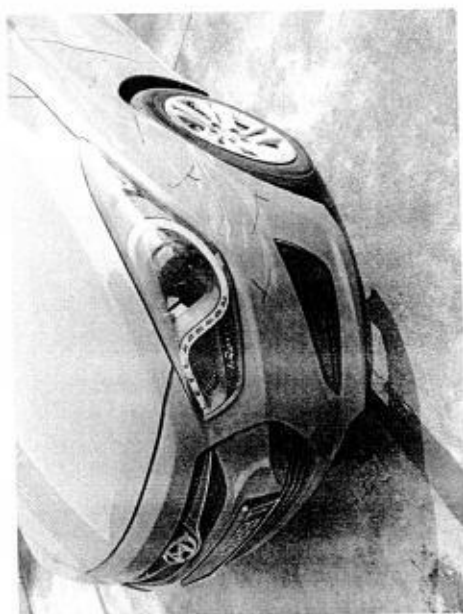
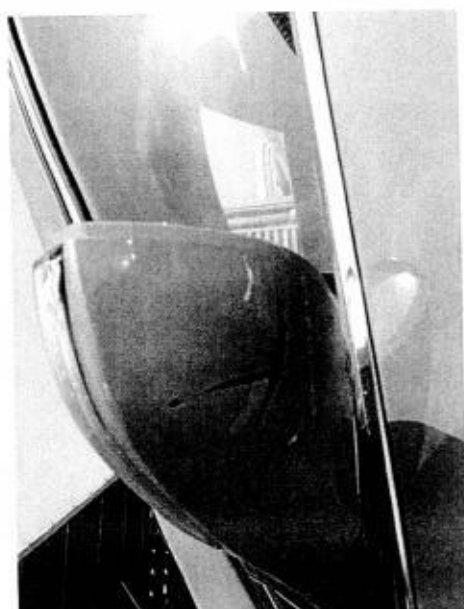
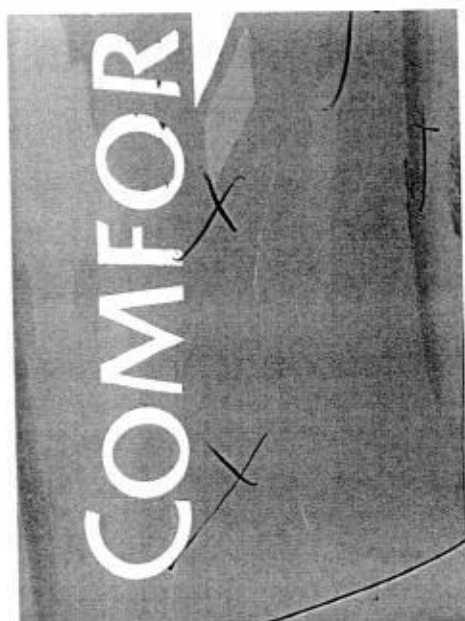
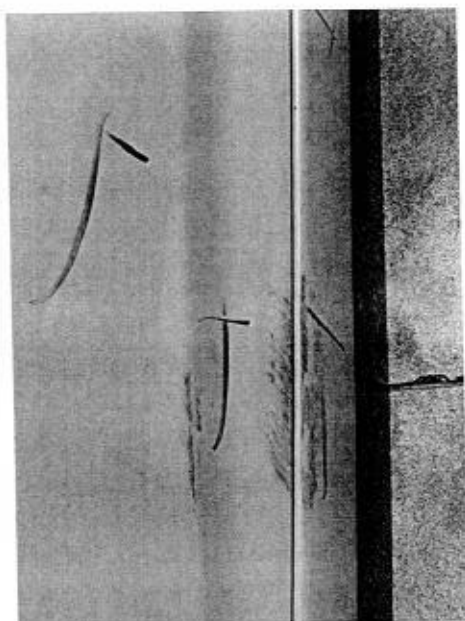
NP168

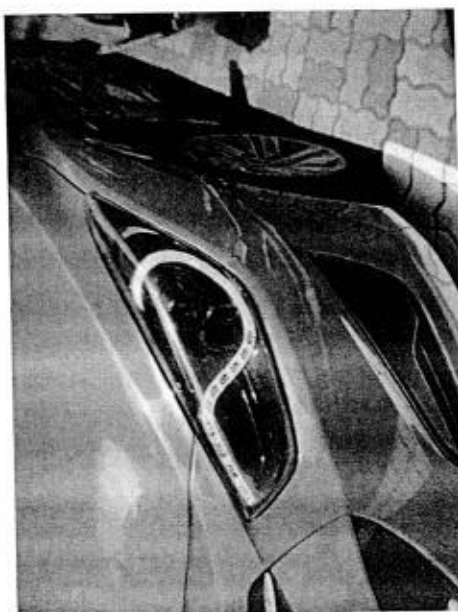
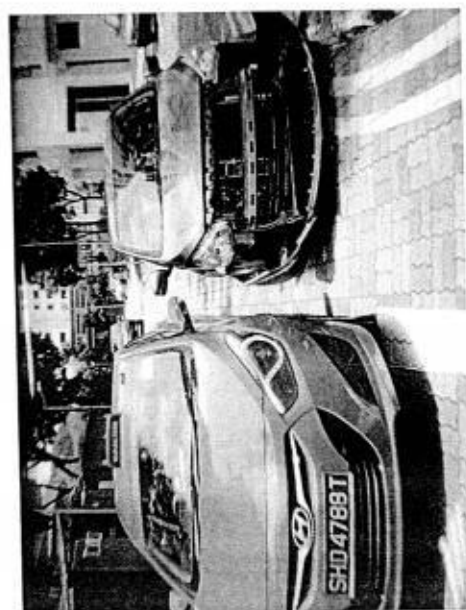


Signature:

**Singapore Police Force**







Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC No 305137516

CUSTOMER:

COMFORT TRANSPORTATION PTE LTD  
VMS 7010045  
CUSTOMER NO. 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
L (R) 65508755 (O)  
(P)

VAFS

REGN NO. SHD4788T	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 30.03.2018 13:00
YR OF MANU. 31.08.2013	TARGET DATE
CHASSIS CODE KMHLB41UMDU038891	COMPLETION DATE/TIME

(B)

SCOUT CARD NO.

## JOB DESCRIPTION

Accident Date: 30.03.2018  
NATURE: 3P 30.03.2018

S/N	LABOR CODE	DESCRIPTION
		AUTO & GENERAL - whole Left Side

CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4788T  
LARRY

Vehicle No.: SHD4788T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

Larry Ng



### REPAIR ESTIMATE\*

MAKE :

**MODEL : HYUNDAI i40**

DATE 2/4/2018 11:30

DOA: 30.03.18

[illegible]

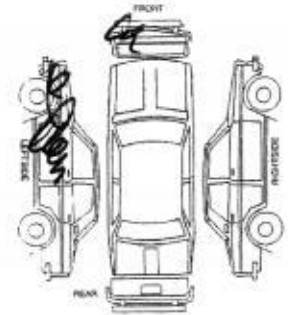


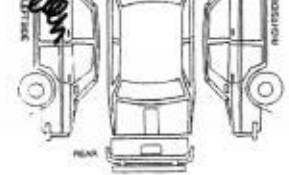
## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>30/3/18</u> Time Received: <u>13:10pm</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>MR SHAWN LIM</u> Contact No.: <u>9299 3303</u> Vehicle No.: <u>SMD49887</u> Make / Model / Colour: <u>140</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____ _____

7. Location: <u>678A Jurong WEST ST 64</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____			

10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p><u>lm</u> Signature of Customer</p>
--	---	--

Job Attended		 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p><u>lm</u> Signature of Customer</p>
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>SIMAN</u> Vehicle No.: <u>YLA9190R</u> Time Dispatch: <u>13:10pm</u> Time of Arrival: <u>13:28pm</u> Time Completed: <u>14:00pm</u>		

Cash Invoice Details (if applicable)	
13. Cash Invoice No.: _____	

Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
<u>30/3/18</u> Date	<u>13:28pm</u> Time	<u>lm</u> Signature of Customer

14. WORKSHOP		
_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305138116

Date : 6. Apr. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4788T

Date of Accident: 30.03.2018

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

- The repair job shall bill to: **AUTO & GENERAL INS** **SLX1933H**
- The finalized amount shall be:
  - Spare Parts after List discount
  - Labour Charges

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

  - Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: **\$2,300.00**  
Final Lumpsum Repair cost
- Estimated normal period for repairs: **2** working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days.
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : KALVIN

Date : 6/4/18

### 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				
3. Survey Fees				
4. LTA Search Fee				
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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18005995/K1vbn2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 09-04-2018



Code : AGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLX 1933H	Veh. Inspected	SHD 4788T
Policy No.		Coverage (\$)	0.00
Claim No.	C10001465	Excess (\$)	0.00
Assign From	JULIE	Assign Date	02/04/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHLB41UMDU038891	Colour	BLUE
Odometer	637577	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 N/S BODY.

DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	30/03/2018	Inspection Date	02/04/2018
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
-------------------------------------	----------------



# 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. SHD 4788T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRT WHEEL HUB CAP,LH	GRAZED	150.70	150.70
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT LH DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
1	LH ROCKER GARNISH (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-467.34	-431.54
			1,869.36	1,726.16
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRT DOOR COLOR COMFORT LOGO,LH (SN)	NECESSARY	75.00	75.00
			75.00	75.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER,FRONT LH DOOR AND LH ROCKER GARNISH.		500.00	400.00
	SPRAY PAINTING CHARGE-FENDER/BUMPER/DOOR.		750.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	TOWING FEE.		50.00	50.00
			1,480.00	1,090.00
<b>GRAND TOTAL</b>			<b>3,424.36</b>	<b>2,891.16</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,300.00</b>

Report Ref No. CS/AGI18005995/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.