

105/11/23

Surveyor: Kalvin

REF:

CC3/TML18007233/Klgber

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insp^{ed} Vehicle No: _____

at Work Shop m/s _____

of _____

Insured: SFU 331M

Policy No. MW007789

Claims No. M1802036

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 Report: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 8356K Yr Regn: 29 Mar, 2018

Type: M. Car / M. Cycle / Bus / Van / Lorry / T^o / Prime Mover /

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp. Reading 510553 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414M40524X8

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wet/NA

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 18/4/8 D.O.I. 18/4/8

Survey held at CD4E (Loyang)

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

N/S Body.

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

Date / Time	Action / Instruction
	SHC 8356K - NG/INC 13017825/Hlgbn2 DOA: 18/0/15 T/cro
	SFU 331M - x L 46
19/4/18	2:48pm Email GIA report & estimate to Tani.
23/4/18	Internet 45 \$ 2150 / 387. (Feb 8 1923.96, 47%)
	* DAMAGES CONSISTENT TO ACCIDENT REPORT
	RECEIVED 29 APR 2018

Date/Time, File Pass to?

☐ : Preli. Report

1) 23/4/18 Tani

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee: 250

Transportation: _____

S + RS, SI

Photos

10

260



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 : CC3/TMI18007233/K1qb

20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRESINGAPORE 069046

Date : 18-04-2018



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFU 331M	Veh. Inspected	SHC 8356K
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/04/2018

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	18/04/2018	Inspection Date	18/04/2018
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.
--

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 19 April 2018 2:48 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD ,DOA: 18/04/2018, SHC 8356K (TP VEHICLE), SFU 331M (OI VEHICLE)
Attachments: SHC8356 GIA.pdf; SHC8356 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 8356K M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 18/04/2018.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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	18/04/2018 11:28
Date Of Accident	18/04/2018 10:00
Exact Location Of Accident	UPP. PAYA LEBAR RD TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8356K
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	LIEW CHAK SONG
NRIC No	S1578197A
Date Of Birth	21/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 204B PUNGGOL FIELD #10-306
Postcode	822204
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED * 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	SFU331M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIEW CHAK SONG
Approximate Age	
Injuries Sustain	RH SHOULDER AND HEADACHE
Injured person in which vehicle?	SHC8356K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

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

D/KO

18/4/18
Jackson Ho
CSO

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.:

GIA/IMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/4/2018 at about 1200 hrs, I Vehicle A was driving along boundary road passed the traffic light junction, while B was on upp paya leban road on lane 3, Vehicle B dash out from a slip road and collided onto my taxi while left side body.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

[Signature]

18/4/18

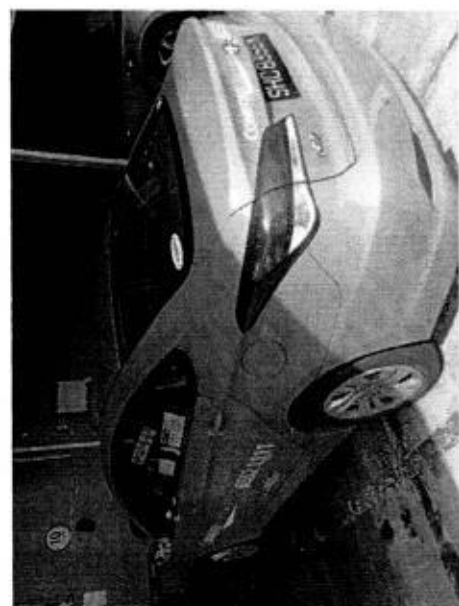
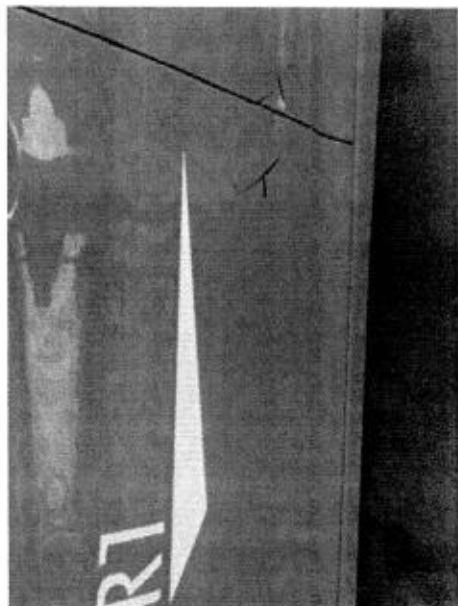
Jackson Hang
CEO

[Signature]

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.:



Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305143374

STOMER

VMS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(P)

(O)

Tokio Marine

REGN NO.

SHC8356K

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

18.04.2018 10:30

YR OF MANU.

29.03.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU052448

COMPLETION DATE/TIME:

3COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.04.2018

NATURE: 3P 18.04.2018

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

e:

Io.:

le No.: SHC8356K

LKE

Exit Pass

Vehicle No.:

SHC8356K

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

3 returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 8356K

MAKE :

MODEL : HYUNDAI i40

DATE 18/4/2018 13:39

LKK/Kalvin *L/Sun*

LKE

Tokio Marine

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (LH) <i>cut</i>			\$ 1,351.10	
	Rear Tyre Rim (LH) <i>x 2</i>			\$ 351.90	
	Rear Wheel Hup-Cap (LH) <i>1 model</i>			\$ 150.70	
	<i>Front Door (LH) x repair</i>				
	<i>Rear Fender (LH) x repair</i>				
	<i>Rocker Panel (LH) x repair</i>				
	SUB TOTAL			\$ 1,853.70	
	LESS 20%			\$ 370.74	
	DISCOUNTED TOTAL			\$ 1,482.96	
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>me</i>			\$ 80.00	Nett
	Front Door Coloured Comfort Logo (LH) <i>me</i>			\$ 75.00	Nett
	Rear Tyre (LH) <i>50% cut</i>			\$ 216.00	Nett
				\$ 371.00	
	Labour Charge				
	Panel Beating-Repair Fender			\$ 1,000.00 <i>400</i>	
	Spray Painting Charge-Doorx2/Fender/Rocker Panel			\$ 1,000.00 <i>800</i>	
	Wiring Charge			\$ 50.00 <i>20</i>	
	Tuff Kote			\$ 50.00 <i>20</i>	
	Rear Wheel Alignment			\$ 120.00 <i>20</i>	
	TOTAL LABOUR			\$ 2,220.00	
	ESTIMATE TOTAL			\$ 4,073.96	
<p><i>Kalvin (LKK)</i> <i>18/4/18 1345hr</i> <i>3 Days</i> <i>4/5</i> <i>After Repair photo</i></p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p>					
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>					

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

Date : 20/04/18

Fax:

Vehicle Reg No.	SHC8356K	CTPL	18.04.18
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The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- | | | |
|---|---|--|
| <p>1. The repair job shall bill to:</p> <p>2. The finalized amount shall be:</p> <p>(a) Spare Parts after List discount</p> <p>(b) Labour Charges</p> <p>Total for Part-By-Part Repair Cost</p> <p>(c) Lumpsum Repair (if applicable)</p> <p>Total for Lumpsum repair cost after Less:</p> <p>Final Lumpsum Repair cost</p> | <p>TOKIO MARINE</p> <hr/> <p>20%</p> | <p>SFU331M</p> <hr/> <p>\$2,150.00</p> <p>\$2,150.00</p> |
|---|---|--|

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.


Signature: 

Name: LIM KWOK ENG

Tel: 62148316

Fax: 65468156

We confirm the estimates and finalized amount

Signature: 

Name: Kaha

Date: 21/4/8

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:

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

Pre-Repair Survey

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Apr 2018 14:17 Sendback Est	18 Apr 2018 14:30 S\$4,083.96	19 Apr 2018 15:53 Edit Adj Rpt	S\$2,150.00 Edit Estimates	S\$2,150.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents																				
CLAIM SUBFOLDER DETAILS																							
Insured: TAN JIM OO , Co. Reg. No.: S00927131																							
Main Claimant: CTPL																							
Vehicle Reg. No.: SHC8356K		Date of Loss: 18/04/2018 10:00 - :59 [48 Months and 20 Days From LTA Reg Date (Man Yr)]																					
Claim Type: TP / M1802036		Policy/Cover Note No.: MW002789 (Comprehensive) Coverage: 27/03/2018 - 26/03/2019																					
Vehicle Reg. No. (Insured): SFU331M		Policy No. (Claimant):																					
		Excess: S\$600.00																					
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 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 30/04/2018]																							
Adj Asg. Remarks: PLS.CHECK CONSISTENCY OF THE DAMAGE.THKS																							
ASSOCIATED MAIL RECEIVED <div style="float: right;"> View All Compose Case Mail </div> <p>There are no mail for this case.</p>																							
ALL ASSOCIATED TASKS <div style="float: right;"> View All Search Tasks Create New Task Complete </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table>				Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?														
No results.																							

Claim Documents

SHC8356K (M1802036)

[SFU331M]

TP

CTPL

Apr 18 2018 10:00AM

[TAN JIM OO]

ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View <div>View in Browser</div>		
Assessment Reports									1 per page		<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)								Thumbnail	Print
1	18/04/18 14:30	Repairer Estimates								Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)								Thumbnail	Print
1	19/04/18 15:53	Accident Statement								Load HTM	
From: SC - Reg. No: SFU331M, Claimant: TAN JIM OO											
Photos/Images									3 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print
1	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
2	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
3	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
4	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
5	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
6	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
7	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
8	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
9	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
10	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
11	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
12	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
13	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
14	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
15	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
16	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
17	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
18	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
19	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
20	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
21	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
22	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
23	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
24	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
25	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
26	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
27	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
28	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
29	19/04/18 17:30	General View								Load JPG	<input checked="" type="checkbox"/>
30	23/04/18 08:55	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>
31	23/04/18 08:55	Reinspection Photo								Load JPG	<input checked="" type="checkbox"/>
32	23/04/18 08:55	Reinspection Photo								Load JPG	

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
		ComfortDelGro Engineering Pte Ltd (Loyang)			<input checked="" type="checkbox"/>
33	23/04/18 08:55	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
34	23/04/18 08:55	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
35	23/04/18 08:55	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
36	23/04/18 08:55	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	18/04/18 14:36	E-filed GIA report		Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	18/04/18 17:26	TP - SHC8356K - Singapore Accident Statement		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>				
Show Remarks To: <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

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: CC3/TMI18007233/K1QBE2

Date: 23/04/2018

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MW002789

Claimant Vehicle No : SHC8356K

Insured Vehicle No : SFU331M

Date of Loss: 18/04/2018

Nature of Claim: TP

Claim No: M1802036

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8356K

Make & Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4FDEU441549

Reg. Date: 29/03/2014 (Man. Year: 2014)

Chassis No: KMHLB41UMEU052448

Colour: Blue

Odometer: 510553 km

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:	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	1,853.96	1,464.44	389.52	21.01
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	2,220.00	1,220.00	1,000.00	45.05
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,083.96	2,694.44	1,389.52	34.02
Approved Total (Overridden) (S\$)		2,150.00		
(S\$)	4,083.96	2,150.00	1,933.96	47.36
+ GST 7.00/7.00% (S\$)	285.88	150.50	135.38	47.36
Nett Amount (S\$)	4,369.84	2,300.50	2,069.34	47.36

INSPECTION

Date of Assignment: 19/04/2018 Present Location:

ComfortDelGro Engineering Pte Ltd
(Loyang)

Date Inspected: 18/04/2018 Inspected At:

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.

DAMAGES CONSISTENT TO ACCIDENT REPORT.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 23 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 SHC8356K)	
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 DOOR LH	Dented	1,351.10 FL	*1,351.10 FL
2	1		*REAR TYRE RIM LH	Serviceable	351.90 FL	*- FL
3	1		*REAR WHEEL HUP-CAP LH	Grazed	150.70 FL	*150.70 FL
4	1		*REAR DOOR COMFORTDELGRO & APPS STICKER LH	Necessary	80.00 F	*80.00 FS
5	1		*FRT DOOR COLOURED COMFORT LOGO LH	Necessary	75.00 F	*75.00 FS
6	1		*REAR TYRE LH (50%)	Cut	216.00 F	*108.00 FS
7	1		*FRONT DOOR (LH) (NPA)	Repair	-	*- FL
8	1		*REAR FENDER (LH) (NPA)	Repair	-	*- FL
9	1		*ROCKER PANEL GARNISH (LH) (NPA)	Repair	-	*- FL
					Sub Total (S\$)	2,224.70 1,764.80
					- List Item Discount on L Items 20.00/20.00% (S\$)	370.74 300.36
					Total Parts (S\$)	1,853.96 1,464.44

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

Adjuster Report

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 - Repair Fender	New	1,000.00	400.00
2	SPRAY PAINTING CHARGE - Door x2/ Fender/ Rocker Panel	New	1,000.00	800.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	50.00	20.00
5	REAR WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (S\$)			2,220.00	1,220.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >