

22/03/2018

ASS. REC. BY:

REF:

CS/TMI18007517/Klrbnz

Special Instruction:

Surveyor

Kalvin

ASSIGNMENT (Office)

Marmen

From (Person):

Telmo Gomez

of

TMI

Date/Time:

24/4/2018 12:11pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 7477

Insured:

SBD 8989D

at Workshop m/s

Comfort Design

Tel:

of

Sf Logang One

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/04/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time	Action/Instruction
	(✓) Estimate
	SHC 7477 - 03/ENC09010312 / Ch
	SBD 8989D - X

DUF: 151509

08/11/13

Driver: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate Cost

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

To Insp Vehicle No: _____

at Work Shop no: _____

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 Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SHC 7477

Yr Regn: _____

12 Mar 2015

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

Truck / Trailer or

Make: _____

Hyundai 240

C.C.

1685

Colour: _____

Yellow

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

583.33

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KM HLB 41066127

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Alloy or

Tyre Size: _____

F: _____

205/60R16

R: _____

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. _____

7

mm

R/Bal. _____

7

mm

L/Bal. _____

7

mm

L/Bal. _____

7

mm

D.O.A. _____

23/4/18

D.O.I. _____

24/4/18

Survey held at _____

CDGE (Layang)

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

O/S Rear

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

Date / Time

Action / Instruction

25/4/18

Contacted 43 \$550 / 2 Rep.

Rea. \$1550.24, 74%

To K.

43

RECEIVED 07 MAY 2018

Date/Time, File Pass to?



Prel. Report

1) Input



Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

2

Resurvey No. of Trip: _____

1

Add Fee: _____



Site Insp (\$ _____)



Interview (\$ _____)



Tech. (\$ _____)

Survey Fee: _____

250

Transportation: _____

10

Photos _____

Other _____

260

43

71

\$550



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
TOKIO MARINE INSURANCE SINGAPORE LTD			Ref : CS/TMI18007517/K1rb	
20 MCCALLUM STREET #09-01 TOKIO MARINE CENTRESINGAPORE 069046			Date : 24-04-2018	
			Code : TMI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SBD 8989D	Veh. Inspected	SHC 747T	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	MERIMEN (TELMA GOMEZ)	Assign Date	24/04/2018	
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	23/04/2018	Inspection Date	24/04/2018	
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.				

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

Pre-Repair Survey

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Apr 2018 09:48 Sendback Est	24 Apr 2018 10:05 \$2,100.24	24 Apr 2018 12:11 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	CCPL, Co. Reg. No.: 199502839G								
Main Claimant:	CCPL								
Vehicle Reg. No.:	SHC747T	Date of Loss:	23/04/2018 00:00 - :59 [37 Months and 11 Days From LTA Reg Date (Mon Yr)]						
Claim Type:	TP	Policy/Cover Note No.:							
Vehicle Reg. No. (Insured):	SBD8989A	Policy No. (Claimant):							
		Excess:	\$50.00						
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 Telma Gomez - 65926402]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 04/05/2018]								
Adj Asg. Remarks:	OUR INSURED HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTENCY OF THE DAMAGE.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	24/04/2018 08:32
Date Of Accident	23/04/2018 11:35
Exact Location Of Accident	LOR 1 TOA PAYOH B4 SLIP RD LEADING TO LOR4 T PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC747T
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	MUSA BIN ABDULLAH
NRIC No	S1532491J
Date Of Birth	06/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1985
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 352 KANG CHING RD #04-75
Postcode	610352
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180423/2116 * TYPE OF ACCIDENT :- HIT & RUN

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	SBD8989A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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/mall packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

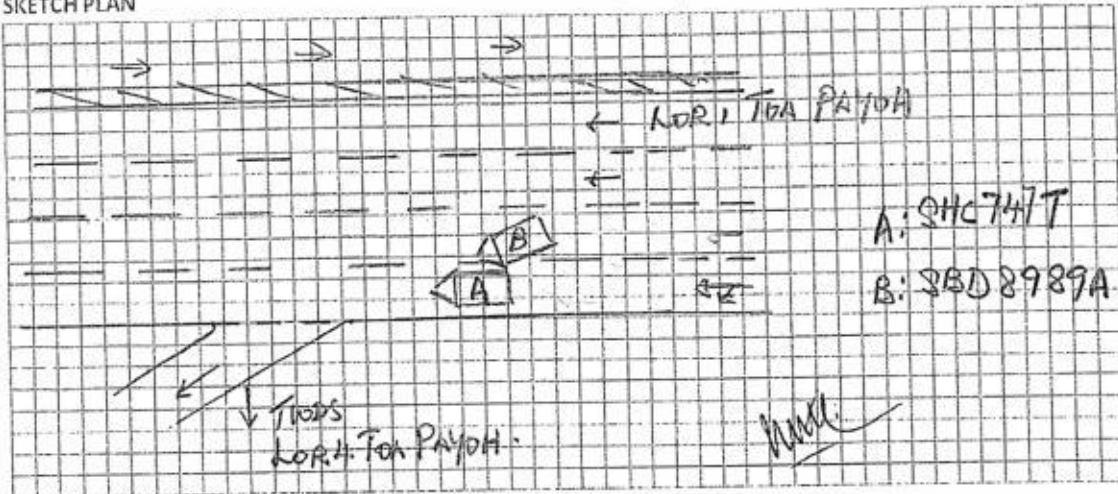
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report T/20180423/2116

Taxi sustained damages on the
RH side rear including RH side rear
wheel as well.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

6IARMAC SketchPlanForm_V0

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

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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180423/2116

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180423/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2018 16:08		Vide Report No.:		Station Diary No.: 109	
Informant's Particulars					
Name of Informant: MUSA BIN ABDULLAH			Address: APT BLK 352 KANG CHING ROAD #04-75 SINGAPORE 610352		
ID Type / ID No.: NRIC NO / S1532491J			Contact No.: Home/Office: Mobile: 97914574		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 06/10/1962	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/04/2018 11:35	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 LORONG 1 TOA PAYOH LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBD8989A	Car				Slightly Damaged	0
SHC747T	taxi				Slightly Damaged	1

Details of Person Involved

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180423/2116

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180423/2116

CONTINUATION OF REPORT

Driver			
Name	MUSA BIN ABDULLAH	ID No.	S1532491J
Related Vehicle	SHC747T (taxi)	Contact No.	97914574
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/04/2018 at about 1135hrs, I was driving my vehicle bearing the plate number SHC747T along Lor 1 Toa Payoh towards Braddell MRT. I had a passenger in my taxi at that point of time. I was on the left lane to make a left turn into Lor 4 Toa Payoh where a vehicle bearing the plate number SBD8989A wanted to cut into my lane from the right. However, the vehicle behind did not gave way to SBD8989A. The vehicle SBD8989A then tried to squeezed into the lane which resulted it to hit onto the right rear bumper of my taxi. I stopped my taxi and signalled him to proceed to Lor 4 Toa Payoh and stop there. However, the SBD8989A just drive off towards Lor 4 Toa Payoh. I then drove forward wanting to ask him to stop the car. I managed to catch up with SBD8989A at the traffic junction of Lor 4 and Lor 5 of Toa Payoh as the traffic light was red. I then asked the drive to stop along the road side but the driver just drove off without stopping.



**SINGAPORE
POLICE FORCE**



T/20180423/2116

3 of 3

Report No. T/20180423/2116

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /
Sgt 2 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

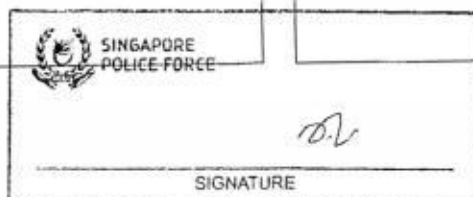
Date/Time:
23/04/2018 16:08

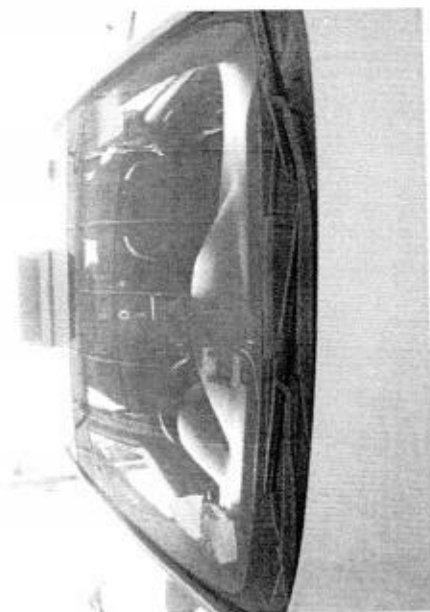
Officer In Charge Of Case:

TP / HRT /
SSI GOH GEOK LYE
Contact No.: 65476148

Classification Of Case:

Authentication Stamp
NP168





Date/Time: 24.04.2018 09:28

Page : 1

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305145220

Customer: CITYCAB PTE LTD
Vehicle No: 7010070
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
Phone: 65551188

REGN NO: SHC 747T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 23.04.2018 16:20
YR OF MANU 12.03.2015	TARGET DATE
CHASSIS CODE KMHLE41UMFU066127	COMPLETION DATE/TIME:

Job Card No.

JOB DESCRIPTION

Accident Date: 23.04.2018
Nature: 3P 23.04.2018

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

Checked & Passed Out By: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: SHC 747T	LKE	Vehicle No.: SHC 747T	
Signature/Date		Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

ComfortDelGro Engineering Pte Ltd (Co. Reg. No: 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

LKE/Kalvin L/Sun

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

Singapore

Lke

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	23/04/2018
Vehicle Reg. No.:	SHC747T	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	12/03/2015
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDEU483133	Chassis No:	KMHLB41UMFU066127
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	910.24
Miscellaneous Items	10.00
Labour	1,180.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,100.24
+ GST 7.00% (S\$)	147.02
Nett Amount (S\$)	2,247.26

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 24 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: ComfortDelGro Engineering Pte Ltd/SHC747T/24/04/2018 10:05
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>X repair</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER BRACKET SIDE RH <i>X su</i>	20.00	0.00	*49.00 FL
3	10		*REAR BUMPER CLIPS <i>X "</i>	20.00	0.00	*22.00 FL
4	1		*REAR WHEEL HUB-CAP RH <i>— hubcap</i>	20.00	0.00	*150.70 FL
5	1		*REAR BUMPER ADVERTISEMENT LOGO <i>— su</i>	0.00	0.00	*50.00 F
6	1		*REAR FENDER ADVERTISEMENT LOGO RH <i>X "</i>	0.00	0.00	*100.00 F
7	1		*REAR FENDER ADVERTISEMENT LOGO LH <i>X "</i>	0.00	0.00	*100.00 F
Sub Total (S\$)						1,075.30
- List Item Discount on L Items (S\$)						165.06
Total Parts (S\$)						910.24

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHC747T/24/04/2018 10:05. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING - Repair Fender	New	500.00 100
2	SPRAY PAINTING CHARGE - Bumper/Fender	New	500.00 400
3	WIRING CHARGE	New	50.00 X 17
4	TUFF KOTE	New	50.00 X 17
5	REAR WHEEL ALINGMENT	New	80.00 X 17
Gross Labour Cost (S\$)			1,180.00

ComfortDelGro Engineering Pte Ltd/SHC747T/24/04/2018 10:05. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

K & L (K&L)
24/4/18 1035 hrs.
2 Rep.
4/5
After Repair p L to

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party 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

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305145220

Date : 25/04/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No : SHC747T CCPL

23.04.18

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

1. The repair job shall bill to: **TOKIO MARINE** --- **SBD8989A**
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c.) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20% **\$550.00**
 - Final Lumpsum Repair cost** **\$550.00**

3. Estimated normal period for repairs: 2 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.

We confirm the estimates and finalized amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kalvin

Date : 25/4/18

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 (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/TMI18007517/K1RBN2

Date: 10/05/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	
Claimant Vehicle No :	SHC747T	Insured Vehicle No :	SBD8989A
Date of Loss:	23/04/2018	Nature of Claim:	TP
		Claim No:	N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC747T	Engine No:	D4FDEU460635
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMFU066127
Reg. Date:	12/03/2015 (Man. Year: 2014)	Odometer:	583033 km
Colour:	Yellow		
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:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	910.24	170.56	739.68	81.26
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,180.00	500.00	680.00	57.63
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,100.24	680.56	1,419.68	67.60
Approved Total (Overridden) (S\$)		550.00		
(S\$)	2,100.24	550.00	1,550.24	73.81
+ GST 7.00/7.00% (S\$)	147.02	38.50	108.52	73.81
Nett Amount (S\$)	2,247.26	588.50	1,658.76	73.81

INSPECTION

Date of Assignment:	24/04/2018 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	24/04/2018 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: Janice Lee Si Hua

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 10 May 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 SHC747T)	
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	Repair	603.60 FL	*- FL
2	1		*REAR BUMPER BRACKET SIDE RH	Serviceable	49.00 FL	*- FL
3	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
4	1		*REAR WHEEL HUB-CAP RH	Grazed	150.70 FL	*150.70 FL
5	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 F
6	1		*REAR FENDER ADVERTISEMENT LOGO RH	Not Necessary	100.00 F	*- F
7	1		*REAR FENDER ADVERTISEMENT LOGO LH	Not Necessary	100.00 F	*- F
					Sub Total (S\$)	1,075.30 200.70
					- List Item Discount on L Items 20.00/20.00% (S\$)	165.06 30.14
					Total Parts (S\$)	910.24 170.56

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING - Repair Fender	New	500.00	100.00
2	SPRAY PAINTING CHARGE - Bumper/Fender	New	500.00	400.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	50.00	-
5	REAR WHEEL ALINGMENT	New	80.00	-
Gross Labour Cost (\$\$)			1,180.00	500.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >