

ASS. REC. BY:

REF: CS/TMI18008730/Klgbn2

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Dailine Tham of TMI

Date/Time: 14/5/2018 @ 11:25

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA1072K

Insured: SKE 9981C

at Workshop m/s CDGE LOYANG

Tel:

of EA, Loyang Drive.

Policy No: MT001837

Claim No: M1802436

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12/05/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 14/5.

Person Contacted:

Vehicle IN OUT

Date/Time	Action/Instruction ( ) Estimate
	SHA 1072K - 153/11116614834/sh332
	SKE 9981C - X

106/11/13

Simee: Kelvin

REF:

## ASSIGNMENT

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

Estimate Cost

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

To Insp Vehicle No: \_\_\_\_\_

at Work Stop ms

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: 3 days Res.: Yes or No

Lum Surri: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHA 1072KYr Regn: 17 Mar 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai ZKOC.C. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 307990

T/Radio: Insured / Std / NI / NA

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

C/No: KMHLB414M64085581

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 / OHTSU / PIR / SUMI /

TOYO / YOKO or Wothke

Front

Rear

R/Bal. 2 mmR/Bal. 2 mmL/Bal. 2 mmL/Bal. 2 mmD.O.A. 12/5/18D.O.I. 14/5/18Survey held at CDGE (Loyang)

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

N/S Frt

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

Date / Time	Action / Instruction
14/5/18	Cancel PIP & 3197.36 / 3 Rs. (Red B1504, 33%) To Kio PIP

RECEIVED 16 MAY 2018

Date/Time, File Pass to?

☐ : Preli. Report

1) 16/5 10:00 AM

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Ins. (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Other

250

10

260

Remarks:

MER-TP

18/5/18 3197.36

# ...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	14 May 2018 <a href="#">Sendback Est</a>	14 May 2018 11:17 <b>S\$4,741.36</b>	14 May 2018 11:25 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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### CLAIM SUBFOLDER DETAILS

Insured:	KOOH GIN SHING (WU JINSHENG)@DANIAL KOOH, ID: S73091481		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHA1072K	Date of Loss:	12/05/2018 08:00 - :59 [25 Months and 25 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1802436	Policy/Cover Note No.:	MT001837 (Comprehensive) Coverage: 09/03/2018 - 13/03/2019
Vehicle Reg. No. (Insured):	SKE9981C	Policy No. (Claimant):	
		Excess:	S\$800.00
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 Pauline Tham]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 23/05/2018]		
Adj Asg. Remarks:	OUR INSURED HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTENCY OF THE DAMAGE. THKS		

### ASSOCIATED MAIL RECEIVED

There are no mail for this case.

### ALL ASSOCIATED TASKS

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	14/05/2018 08:50
Date Of Accident	12/05/2018 19:30
Exact Location Of Accident	TAKASHIMAYA LOBBY DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1072K
<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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	KOH CHUAN HING
NRIC No	S1456584A
Date Of Birth	24/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1982
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96119786
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 419 ANG MO KIO AVENUE 10 #08-1081
Postcode	560419
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	SIDE SWIPE
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : UNKNOWN (CHILD) GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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

#### 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	SKE9981C
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	KOOH GIN SHING
NRIC/Passport Number	S7309148I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
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

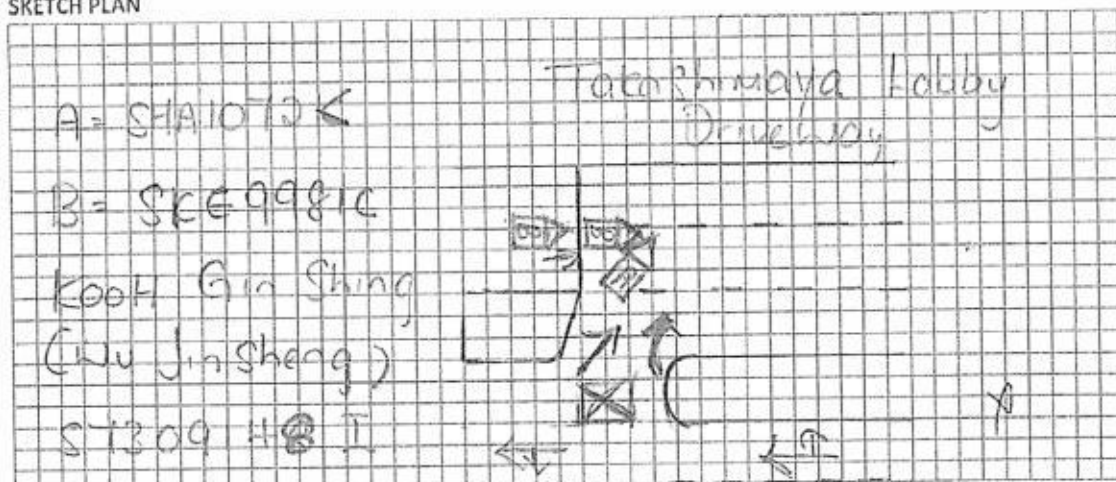
Policyholder's Signature  
Date & Time:

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

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

Teo Yen Yee

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Orchard Turn

On 12/5/18 @ abt 1930hrs, I was driving along Orchard turn turning into Takashimaya. Upon turning right suddenly a car SCE9981C coming from my left hand side did not stop at the stop line and drove past my taxi in a speedy manner. As a result, the right front portion of the car SCE9981C collided onto the left front portion of my taxi. 4 passengers on board my taxi. No injury reported at the point of accident.

## DECLARATION

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

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

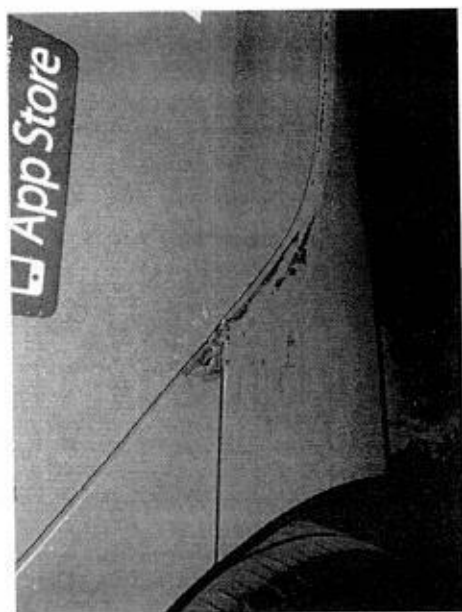
Policyholder's Signature  
Date & Time:

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

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

Teo Yen Yee





A member of COMFORTDELGRO

Date/Time: 14.05.2018 10:17

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305159747

ISTOMER

REGN NO:

SHA1072K

MILEAGE

VMS COMFORT TRANSPORTATION PTE LTD

MAKE:

HYUNDAI

FUEL

ISTOMER NO. 7010045

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

DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

MODEL

I-40

13.05.2018 08:50

65508755

(O)

YR OF MANU

17.03.2016

TARGET DATE

L (R)

(P)

CHASSIS CODE

KMHLB41UMGU085581

COMPLETION DATE/TIME:

SCOUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 12.05.2018

NATURE: 3P 12.05.2018

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHA1072K CHIANG

Vehicle No.: SHA1072K

Name of Service Advisor

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

**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)  
**CTPL**

Singapore

**PARTICULARS OF CLAIM**

<b>Claim Type:</b>	THIRD PARTY	<b>Ref. No:</b>	
<b>Policy No:</b>		<b>Date of Loss:</b>	12/05/2018
<b>Vehicle Reg. No.:</b>	SHA1072K	<b>Driveable?</b>	YES
<b>Party At Fault:</b>	UNKNOWN		
<b>Make/Model:</b>	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	<b>Vehicle Reg. Date:</b>	17/03/2016
<b>Vehicle Colour:</b>	BLUE	<b>Gen Condition:</b>	EXCELLENT
<b>Engine No:</b>	D4FDFU596312	<b>Chassis No:</b>	KMHLB41UMGU085581
<b>Odometer:</b>	307990 KM		
<b>Paint Type:</b>			
<b>List Item Discount:</b>	20.00 %		
<b>Total Loss?</b>	NO		
<b>Est. Duration of Repair (day)</b>	3		
<b>Present Location:</b>	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	3,631.36
Miscellaneous Items	10.00
Labour	1,100.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>4,741.36</b>
<b>+ GST 7.00% (S\$)</b>	<b>331.90</b>
<b>Nett Amount (S\$)</b>	<b>5,073.26</b>

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference**

**Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 14 May 2018)  
**Parts:** 143      HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)  
**Labour:** Repairer's      (Price-denominated Standard List)  
**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA1072K/14/05/2018 11:17  
**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		*FRONT BUMPER ASSY — <i>Detail</i>	20.00	0.00	*1,052.20 FL
2	1		*FRONT RADIATOR GRILLE <i>Xue</i>	20.00	0.00	*1,480.00 FL
3	1		*HEAD LAMP LH — <i>hired</i>	20.00	0.00	*1,388.00 FL
4	1		*FRT FENDER LH — <i>Part</i>	20.00	0.00	*619.00 FL
Sub Total (S\$)						<b>4,539.20</b>
- List Item Discount on L Items (S\$)						907.84
Total Parts (S\$)						<b>3,631.36</b>

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA1072K/14/05/2018 11:17. 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	New	<del>480.00</del> 300
2	SPRAY PAINTING	New	<del>500.00</del> 400
3	CHECK LIGHTING	New	<del>60.00</del> 20
4	TUFF KOTE	New	<del>60.00</del> 20
Gross Labour Cost (S\$)			1,100.00

ComfortDelGro Engineering Pte Ltd/SHA1072K/14/05/2018 11:17. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kahin (CLK)

14/5/18 1100h

3 Pys

PIP

Before Part pth

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 PTE LTD

Date: 15.05.2018

Time: 09:51:59

## 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 : 305159747  
REGN NO : SHA1072K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 17.03.2016  
DATE/TIME IN : 13.05.2018 08:50  
ACCIDENT DATE : 12.05.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0002 04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1	619.00	20.00	495.20
0003 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40

SUB-TOTAL : 2,447.36

## JOB NATURE

0000 L	MERIMEN FEE	10.00
0001 L	PANEL BEATING	300.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0003 17-01	CHECK ALL LIGHTING	20.00
0004 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 750.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305159747  
REGN NO : SHA1072K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 17.03.2016  
DATE/TIME IN : 13.05.2018 08:50  
ACCIDENT DATE : 12.05.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,197.36

AUTHORISED : YES / NO

MVA NAME &amp; SIGNATURE

DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

Our Job Ref No : 305159747  
Date : 15/05/18

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA1072K  
Fax :  
12/05/18

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


1. The repair job shall bill to: TOKIO SKE9981C
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$2,447.36
  - (b) Labour Charges \$750.00
  - Total for Part-By-Part Repair Cost \$3,197.36**
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \_\_\_\_\_


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.

We confirm the estimates and finalized amount

Signature :   
Name : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 16/5/18

### 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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
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/TMI18008730/K1QBN2

Date: 16/05/2018

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT001837
Claimant Vehicle No :	SHA1072K	Insured Vehicle No :	SKE9981C
Date of Loss:	12/05/2018	Nature of Claim:	TP
		Claim No:	M1802436

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHA1072K	Engine No:	D4FDFU596312
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMGU085581
Reg. Date:	17/03/2016 (Man. Year: 2015)	Odometer:	307990 km
Colour:	Blue		
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:	Excellent	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:	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	3,631.36	2,447.36	1,184.00	32.60
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,100.00	740.00	360.00	32.73
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>4,741.36</b>	<b>3,197.36</b>	<b>1,544.00</b>	<b>32.56</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>331.90</b>	<b>223.82</b>	<b>108.08</b>	<b>32.56</b>
<b>Nett Amount (S\$)</b>	<b>5,073.26</b>	<b>3,421.18</b>	<b>1,652.08</b>	<b>32.56</b>

## INSPECTION

Date of Assignment:	14/05/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	14/05/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 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.



## REPAIR DETAILS

### Reference

**Part Source:** MRM-SG      **Version:** 1.0 (Last Synchronised: 16 May 2018)

**Parts:** 143      **HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**

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

**Print Code:** (Unsubmitted, no print-code for SHA1072K)

**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		*FRONT BUMPER ASSY	Deformed	1,052.20 FL	*1,052.20 FL
2	1		*FRONT RADIATOR GRILLE	Serviceable	1,480.00 FL	*- FL
3	1		*HEAD LAMP LH	Grazed	1,388.00 FL	*1,388.00 FL
4	1		*FRT FENDER LH	Dented	619.00 FL	*619.00 FL
					<b>Sub Total (S\$)</b>	<b>4,539.20</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>907.84</b>
					<b>Total Parts (S\$)</b>	<b>3,631.36</b>

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 (S\$)			10.00	10.00

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	480.00	300.00
2	SPRAY PAINTING	New	500.00	400.00
3	CHECK LIGHTING	New	60.00	20.00
4	TUFF KOTE	New	60.00	20.00
Gross Labour Cost (S\$)			1,100.00	740.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;