



# ...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	14 May 2018 11:52 <a href="#">Sendback Est</a>	14 May 2018 12:00 <b>\$2,000.16</b>	14 May 2018 13:58 <a href="#">Edit Adj Rpt</a>				<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

## CLAIM SUBFOLDER DETAILS

Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD6539H	Date of Loss:	11/05/2018 11:00 - :59 [42 Months and 7 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1802438	Policy/Cover Note No.:	MU007873 (Comprehensive) Coverage: 05/07/2017 - 23/10/2018
Vehicle Reg. No. (Insured):	SGT7808C	Policy No. (Claimant):	D-18088936MFSH
		Excess:	\$0.00
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]		
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN ] ... [Final Rpt due 23/05/2018]		
Adj Asg. Remarks:	PLS. CHECK CONSISTECNY OF THE DAMAGE.THKS		

## 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	12/05/2018 07:18
Date Of Accident	11/05/2018 11:30
Exact Location Of Accident	CLAYMORE HILL TWDS SHAW CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6539H
<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	CHUA KOK PENG
NRIC No	S1395715J
Date Of Birth	23/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1986
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97356691
Fax Number	
Contact Number	
Email Address	1395PENG@GMAIL.COM

Address	442 03-26 PASIR RIS DRIVE 6
Postcode	510442
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

SEE ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT7808C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI SEOW LIANG
NRIC/Passport Number	S1318771A
Contact Number	
Address	
Postcode	

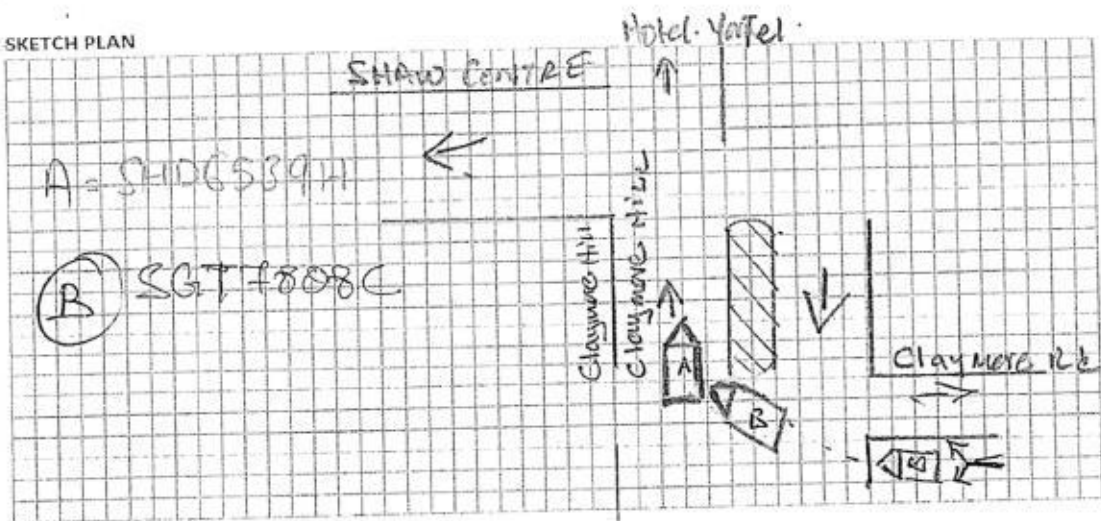
Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11 MAY 2018 @ 1130 hrs I VEH  
 A was driving along Claymore Hill towards  
 Shaw Centre. I veh A just pass the  
 T Junction and slow down due to  
 a Road bump. Suddenly VEH B from  
 Claymore Rd dash out and hit veh A  
 Right Rear - at the point of accident  
 I Veh A ferry 2 PAX. Both was OK.

DECLARATION

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

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

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature  
 Name:

Teo Yen Yee

**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.  
CG REG. NO. 199203621R

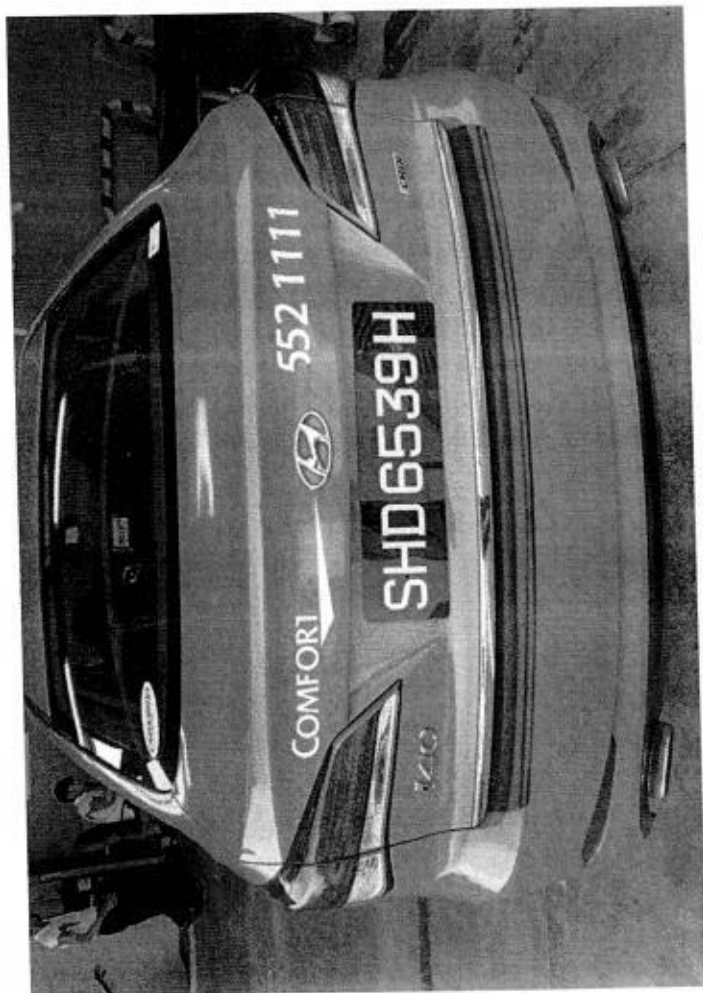
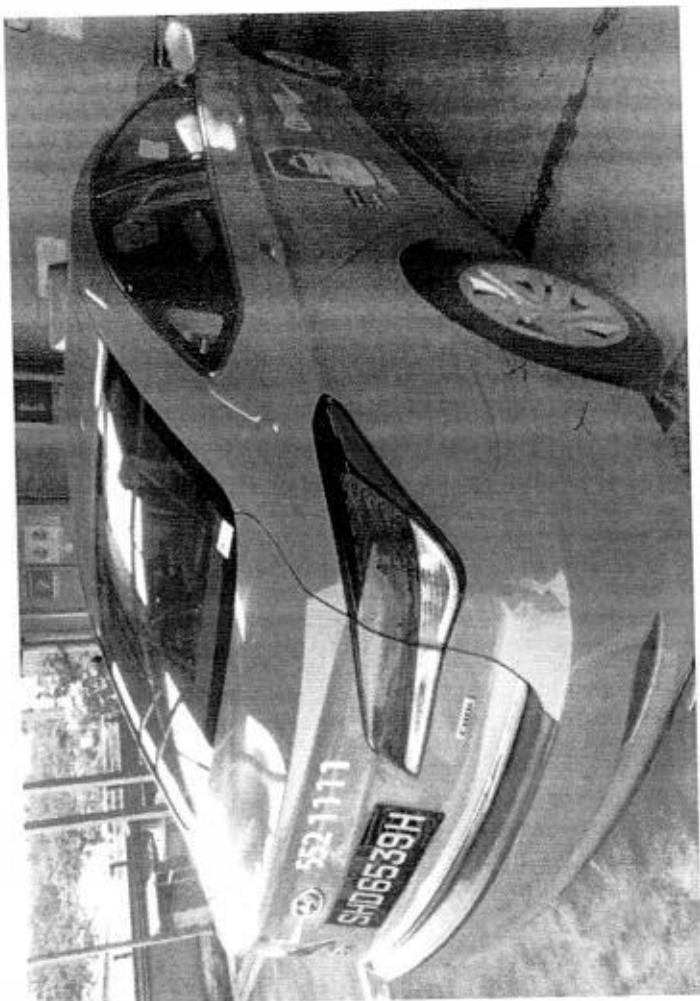
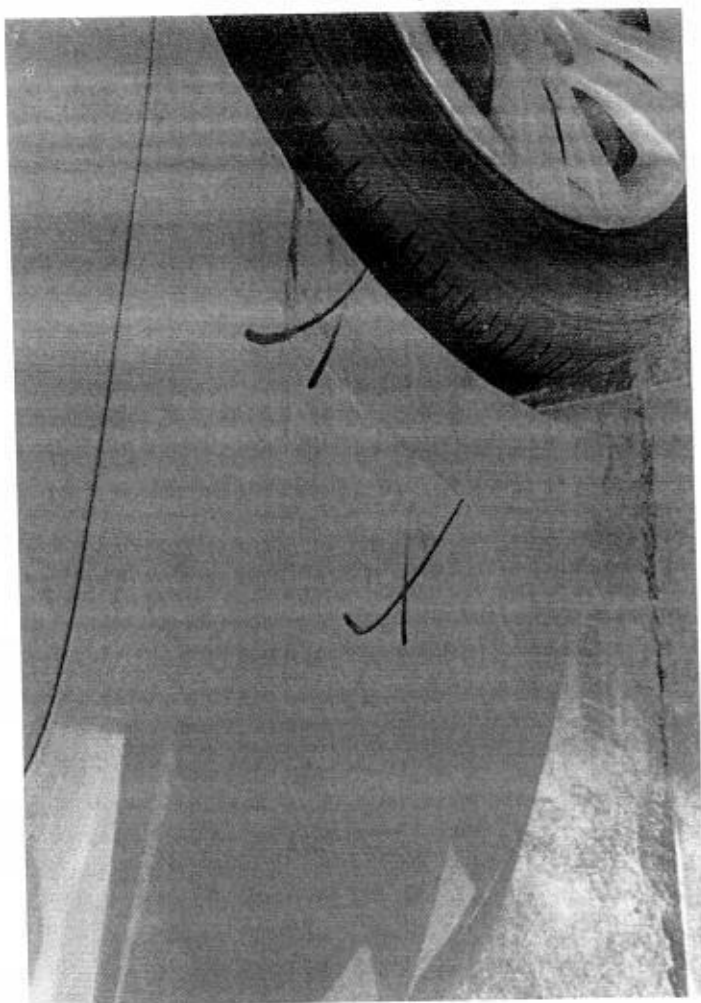
Policyholder's Signature  
Date & Time:

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

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

 Teo Yen Yee  
SEA UP









Date/Time: 14.05.2018 11:35

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3824153

JC NO305159814

STOMER

REGN NO:

SHD6539H

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN 14.05.2018 10:30

YR OF MANU

04.11.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU061357

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.05.2018

NATURE: 3P 11.05.18/B

RIGHT REAR

T/MARINE  
SGT 7808C

3/NO

LABOR CODE

DESCRIPTION

HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

3:

O.:

le No.:

SHD6539H

FZ T-MARINE

Vehicle No.:

SHD6539H

e 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

T-MARINE

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)  
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

## PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	11/05/2018
Vehicle Reg. No.:	SHD6539H	Driveable?	NO
Party At Fault:	UNKNOWN		
Driver (TP):	CHUA KOK PENG		
Make/Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	04/11/2014
Vehicle Colour:	BLUE	Gen Condition:	FAIR
Engine No:	D4FDEU451138	Chassis No:	KMHLB41UMEU061357
Odometer:	300000 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Description of Accident/Loss	SEE ATTACH.		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,140.16
Miscellaneous Items	10.00
Labour	850.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,000.16
+ GST 7.00% (S\$)	140.01
Nett Amount (S\$)	2,140.17

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation &amp; 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/SHD6539H/14/05/2018 12:00  
**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 Agate</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER SIDE BRACKET RH <i>X sc</i>	20.00	0.00	*49.00 FL
3	1		*REAR WHEEL HUP COVER <i>- Gredal</i>	20.00	0.00	*150.70 FL
4	1		*REAR WHEEL RIM ( RH ) <i>X sc</i>	20.00	0.00	*351.90 FL
5	1		*REAR TYRE RH <i>X sc</i>	0	0.00	*216.00 FS
Sub Total (S\$)						1,371.20
- List Item Discount on L Items (S\$)						231.04
Total Parts (S\$)						1,140.16

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

ComfortDelGro Engineering Pte Ltd/SHD6539H/14/05/2018 12:00. 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>300.00</del> 100
2	SPRAY PAINTING CHARGE	New	<del>400.00</del> 200
3	WIRING CHARGE	New	<del>30.00</del> X
4	REMOVE / REFIX REVERSE SENSOR	New	<del>120.00</del> X
Gross Labour Cost (S\$)			850.00

ComfortDelGro Engineering Pte Ltd/SHD6539H/14/05/2018 12:00. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvi (11/14)  
14/5/18 12:15pm  
2 Rep.  
L/s  
At the Repair shop

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 : 305159814  
Date : 21.05.2018

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHD6539H

Fax :

Date of Accident : 11.05.2018

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

1. The repair job shall bill to: TOKIO MARINE --- SGT7808C
2. The finalized amount shall be:
 


(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$0.00</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$350.00</u>
<b>Final Lumpsum Repair cost</b>	<u>\$350.00</u>


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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156

Signature :   
Name : Calvin  
Date : 21/5/18

### 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:

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## 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/TMI18008825/K1VBN2

Date: 24/05/2018

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU007873
Claimant:	SHD6539H	Insured Vehicle No :	SGT7808C
Vehicle No :		Nature of Claim:	TP
Date of Loss:	11/05/2018	Claim No:	M1802438

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHD6539H	Engine No:	D4FDEU451138
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMEU061357
Reg. Date:	04/11/2014 (Man. Year: 2014)	Odometer:	324442 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:	Fair	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

## 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	1,140.16	120.56	1,019.60	89.43
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	850.00	300.00	550.00	64.71
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,000.16	430.56	1,569.60	78.47
Approved Total (Overridden) (S\$)		350.00		
(S\$)	2,000.16	350.00	1,650.16	82.50
+ GST 7.00/7.00% (S\$)	140.01	24.50	115.51	82.50
Nett Amount (S\$)	2,140.17	374.50	1,765.67	82.50

## 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:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

*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: 24 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 SHD6539H)  
**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 SIDE BRACKET RH	Serviceable	49.00 FL	*- FL
3	1		*REAR WHEEL HUP COVER	Grazed	150.70 FL	*150.70 FL
4	1		*REAR WHEEL RIM ( RH )	Serviceable	351.90 FL	*- FL
5	1		*REAR TYRE RH	Serviceable	216.00 FS	*- FS
					<b>Sub Total (\$\$)</b>	<b>1,371.20      150.70</b>
					<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>231.04      30.14</b>
					<b>Total Parts (\$\$)</b>	<b>1,140.16      120.56</b>

F=Franchise part. S=SpcNett. 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	300.00	100.00
2	SPRAY PAINTING CHARGE	New	400.00	200.00
3	WIRING CHARGE	New	30.00	-
4	REMOVE / REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (S\$)			850.00	300.00

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