

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 5 June 2018 3:02 PM
To: 'Motor Claims'
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD DOA: 1/6/2018, SHB 3100U(TP VEHICLE), GBF 711B (OI VEHICLE)
Attachments: SHB 3100U ESTIMATE.pdf; SHB 3100U GIA REPORT.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 3100U M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 04/6/2018

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,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Tokio Marine

LKK

OMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280, Facsimile + 65 6280 6755
Workshops
52 Luyang Drive Singapore 508355
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609486
330 Looi Road Singapore 330199
24 Serangoon Loop Singapore 758156
7 Sundel Kidut Way Singapore 728731
8 Delu Avenue 1 Singapore 559537

member of COMFORTDELGRO

Date/Time: 04.06.2018 11:20 Page : 1

am: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC No305169012

OMER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHB3100U	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL VIANO CDI 2.2L 04.06.2018 10:15	DATE/TIME IN
	YR OF MANU. 13.06.2013	TARGET DATE
	CHASSIS CODE WDF63981323794987	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

cident Date: 01.06.2018
ATURE: 3P 01.06.18

NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHB3100U LIMITS

Vehicle No.: SHB3100U

of Service Advisor

Signature/Date

Name of Service Advisor

Date

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	01/06/2018 16:06
Date Of Accident	01/06/2018 09:30
Exact Location Of Accident	UPPER THOMSON RD TWDS LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3100U
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	MERCEDES-BENZ
Model	VIANO (CDI 2.2 EU5) 2013

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	LEE HUA HUAT @ FREDDIE LEE
NRIC No	S2012652C
Date Of Birth	26/04/1948
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1967
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90469832
Fax Number	
Contact Number	
Email Address	FREDLEE922MAXI@YAHOO.COM

Address	BLK 603 ANG MO KIO AVENUE 5 #06-2683
Postcode	560603
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	DRIZZLING
Road Surface	WET

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: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE

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	GBF711B
Vehicle Make/Model/Colour	LORRY
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH REAR
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

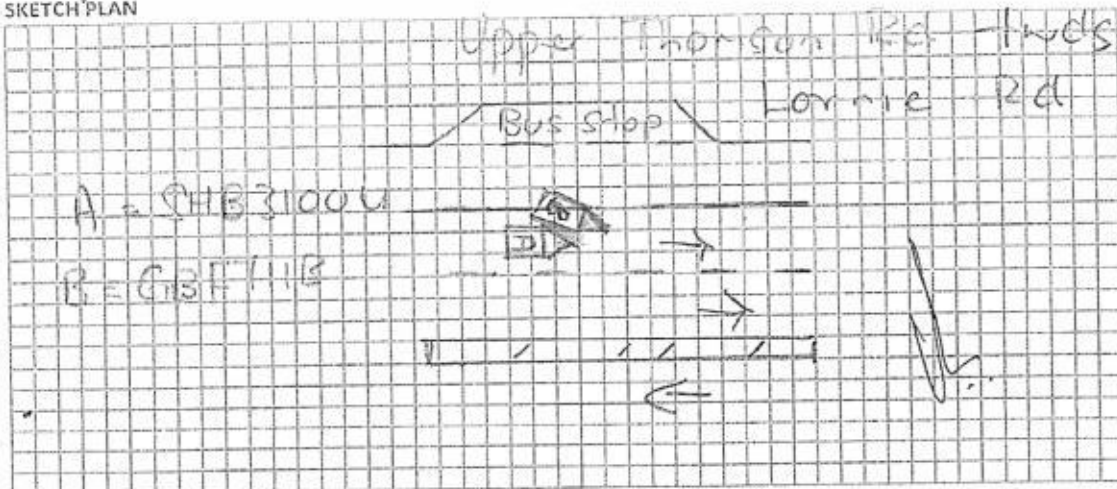
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

STANDARD Sketch Plan Form_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/6/18 @ abt 0930 hrs, I was driving along above location and the traffic was heavy and slow moving. The Lorry GFT111B on the left hand side signal to filter to the right, I braked and stopped to give way however the right rear of the lorry grazed against the left front portion of my taxi. 4 male pax on board & no one was injured at the point of accident.

DECLARATION

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

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.:

Teo Yen Yee

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305169012
Date : 06/06/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB3100U

Date of Accident : 01-Jun-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 --- GBF 711B

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%

Final Lumpsum Repair cost

\$2,750.00

\$2,750.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 6/6/18

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:

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

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/06/2018
Vehicle Reg. No.:	SHB3100U	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	MERCEDES-BENZ VIANO CDI, 2.1 (A)	Vehicle Reg. Date:	13/06/2013
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65194031483144	Chassis No:	WDF63981323794987
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	5,202.40
Miscellaneous Items	10.00
Labour	1,710.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,922.40
+ GST 7.00% (S\$)	484.57
Nett Amount (S\$)	7,406.97

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 05 Jun 2018)**Parts:** 143 MERCEDES-BENZ VIANO CDI 2.1 (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHB3100U/05/06/2018 14:30**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		*FRT BUMPER	20.00	0.00	*1,920.00 FL	Cut
2	1		*FRT BUMPER REINFORCEMENT	20.00	0.00	*1,480.00 FL	SVC
3	1		*FRT BUMPER BRKT LH	20.00	0.00	*66.00 FL	SVC
4	1		*FRT FENDER LH	20.00	0.00	*1,320.00 FL	OD
5	1		*FRT FENDER SHIELD LH	20.00	0.00	*205.00 FL	SVC
6	1		*FRT WHEEL RIM LH	20.00	0.00	*1,512.00 FL	SVC

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	6,503.00
- List Item Discount on L Items (\$\$)	1,300.60
Total Parts (\$\$)	5,202.40

ComfortDelGro Engineering Pte Ltd/SHB3100U/05/06/2018 14:30. 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	1,000.00
2	SPRAY PAINTING	New	540.00
3	TUFF KOTE	New	50.00
4	WHEEL ALIGNMENT	New	120.00
Gross Labour Cost (S\$)			1,710.00

ComfortDelGro Engineering Pte Ltd/SHB3100U/05/06/2018 14:30. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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/TMI18010087/K1TBN2

Date: 07/06/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU007185
Claimant Vehicle No :	SHB3100U	Insured Vehicle No :	GBF711B
Date of Loss:	01/06/2018	Nature of Claim:	TP
		Claim No:	M1802755

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB3100U	Engine No:	65194031483144
Make & Model:	MERCEDES-BENZ VIANO CDI, 2.1 (A)	Chassis No:	WDF63981323794987
Reg. Date:	13/06/2013 (Man. Year: 2013)	Odometer:	379952 km
Colour:	White		
Engine Capacity:	2143 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:	225/60 R16C	Rear Tyre Size:	225/60 R16C
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	5,202.40	2,592.00	2,610.40	50.18
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,710.00	820.00	890.00	52.05
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,922.40	3,422.00	3,500.40	50.57
Approved Total (Overridden) (S\$)		2,750.00		
(S\$)	6,922.40	2,750.00	4,172.40	60.27
+ GST 7.00/7.00% (S\$)	484.57	192.50	292.07	60.27
Nett Amount (S\$)	7,406.97	2,942.50	4,464.47	60.27

INSPECTION

Date of Assignment:	05/06/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	04/06/2018	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: DENISE TAY KWEE CHENG

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: 07 Jun 2018)
Parts: 143	MERCEDES-BENZ VIANO CDI 2.1 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB3100U)
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		*FRT BUMPER	Cut	1,920.00 FL	*1,920.00 FL
2	1		*FRT BUMPER REINFORCEMENT	Serviceable	1,480.00 FL	*- FL
3	1		*FRT BUMPER BRKT LH	Serviceable	66.00 FL	*- FL
4	1		*FRT FENDER LH	Dented	1,320.00 FL	*1,320.00 FL
5	1		*FRT FENDER SHIELD LH	Serviceable	205.00 FL	*- FL
6	1		*FRT WHEEL RIM LH	Serviceable	1,512.00 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	6,503.00	3,240.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,300.60	648.00
Total Parts (\$\$)	5,202.40	2,592.00

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	1,000.00	400.00
2	SPRAY PAINTING	New	540.00	400.00
3	TUFF KOTE	New	50.00	20.00
4	WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (S\$)			1,710.00	820.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >