

Kalin

REF:

CC3/TMT18010995/Klgbn2

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s:

of

Insured

SJN 6096S

Policy No.

MI000905

Claims No.

M1807992

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SH 6526T

Yr Regn:

10 Dec 2015

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

Truck / Trailer or

Make:

Hyundai Z40

C.C.

1685

Colour:

Blue

A/C:

Insur

A / Std / NI / NA

Sp. Reading

36546r

T/Radio: Ins

A / Std / NI / NA

Eng/No:

36546S

C/No:

KAHL0414M64080982

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / S/A/Rim or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Went 1/6.

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

14/6/18

D.O.I.

18/6/18

Survey held at

CDHE (Loyang)

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

Rear

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

Date / Time

Action / Instruction

20/6/18

SH 6526T - CC3 / LCR17003239 / H129351

Initial PIP \$140.48 / 21/6/18. (Rear 5/130.30, 50%)

QA: JENNY 76k.

PIP

RECEIVED 21 JUN 2018

Date/Time, File Pass to?

☐

: Preli. Report

17/1/18 Initial

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

250
10

360

Report Format: MER-TP



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CC3/TMI18010995/K1qb

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 18-06-2018



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------|----------------|------------|
| Insured Veh. | SJN 6096S | Veh. Inspected | SH 6526T |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 18/06/2018 |

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 | 14/06/2018 | Inspection Date | 18/06/2018 |
| 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. |
|--|

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 | 16/06/2018 09:38 |
| Date Of Accident | 14/06/2018 22:50 |
| Exact Location Of Accident | SENGKANG WEST AVE X FERNVALE RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH6526T |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | FLEETSAFETY@CDGTAXI.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HYUNDAI |
| Model | I40 |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | TAXI |

Insurance Company

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-18088936MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | CHUA BAN GIAP |
| NRIC No | S1222350A |
| Date Of Birth | 16/11/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/07/1974 |
| Driving Experience | 43 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96269722 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 302A ANCHORVALE LINK #09-66 |
| Postcode | 541302 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - TAXI DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| 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: : FEMALE |
| Passenger 2 | 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 [OTHER] | SENGKANG N.P.C |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO ATTACHED / NOTICE OF COMPLIANCE: S/D REF : 164

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 | SJN6096S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MR KOH |
| NRIC/Passport Number | |
| Contact Number | 93831044 |
| Address | |

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

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:

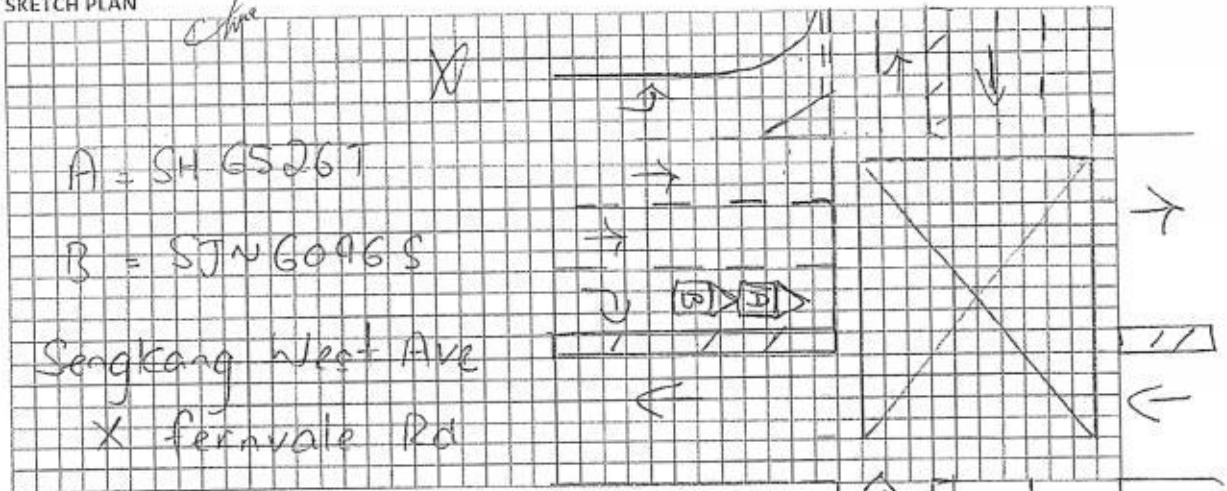
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARL9C SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/6/18 @ 2250 hrs, I was driving along above junction. After the traffic lights turned green, I slowly proceeded to move forward. After a few seconds later, I felt an impact followed by a jerk from behind. Shortly after I found that a car SJN 6096 S front portion collided onto the rear portion of my stationary taxi. 2 female pax on board & no one was injured 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

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Chua Ban Giap,
NRIC No, S1222350A, has reported to the Police a non-injury traffic accident
which occurred at on 14/06/2018 at 22.50pm
involving the following vehicles:

- 1) SH 6526T
- 2) SJN 6096S

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt B Hemanraj

Date: 15/06/2018 Time: 2218hrs

S/D Ref: 164

Police Post/Unit: Sengkang Neighbourhood Police Centre

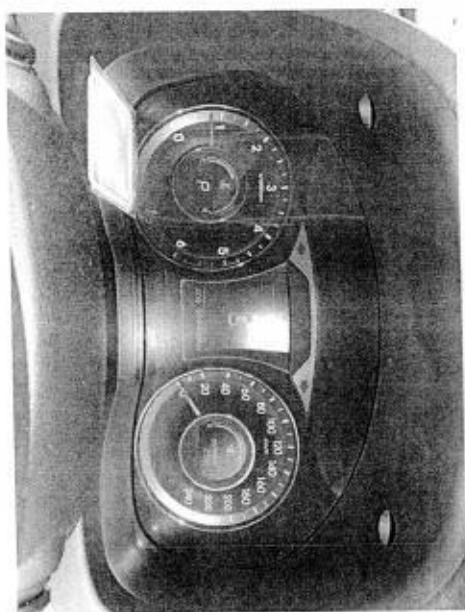
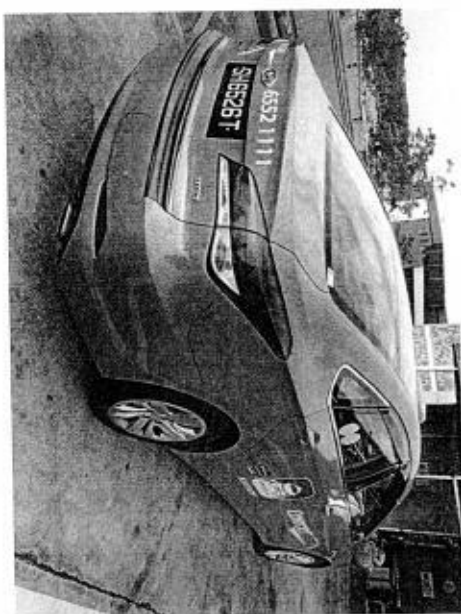
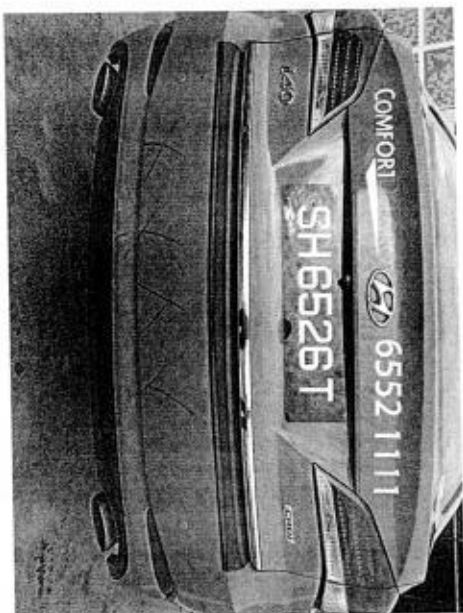
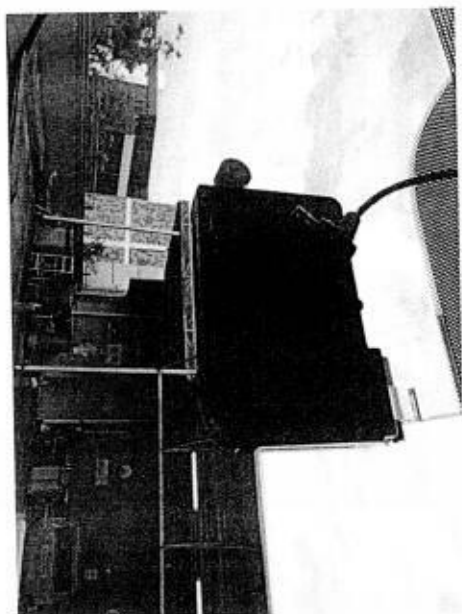
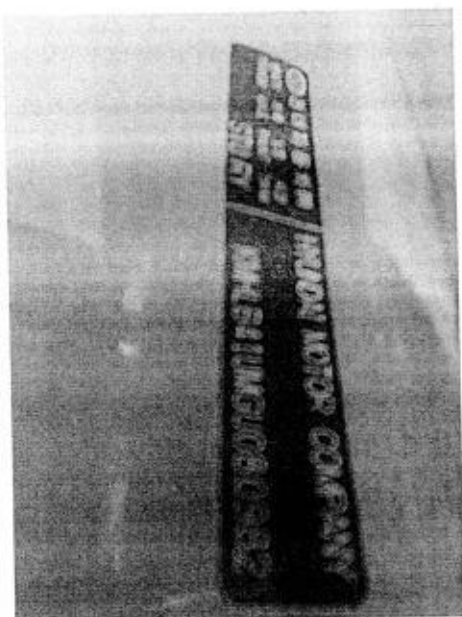
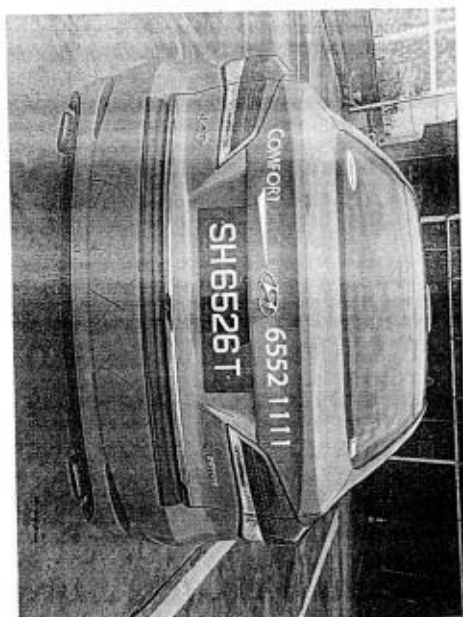
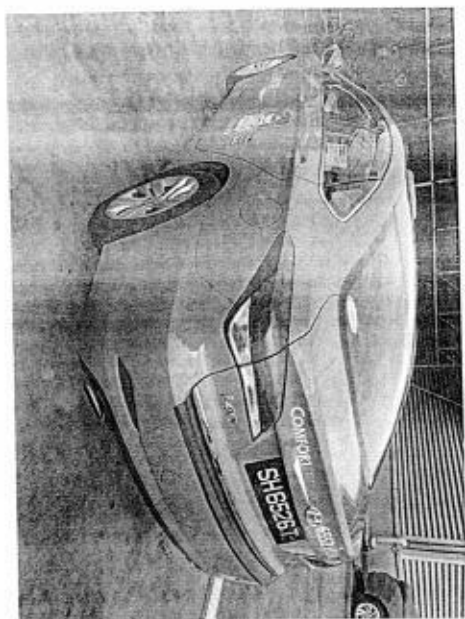
Original -- to be issued to informant
Duplicate -- to be submitted to Traffic Police

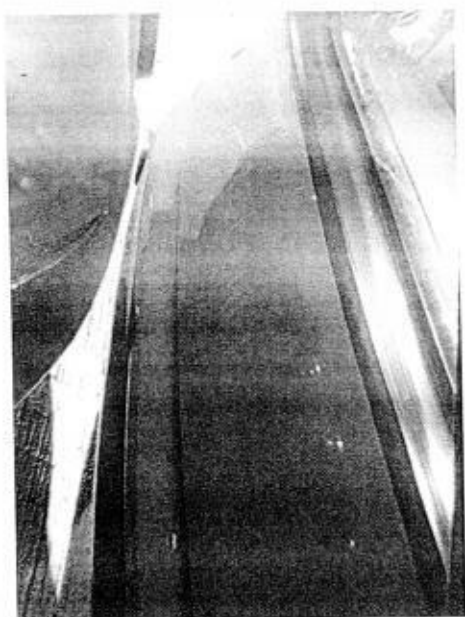
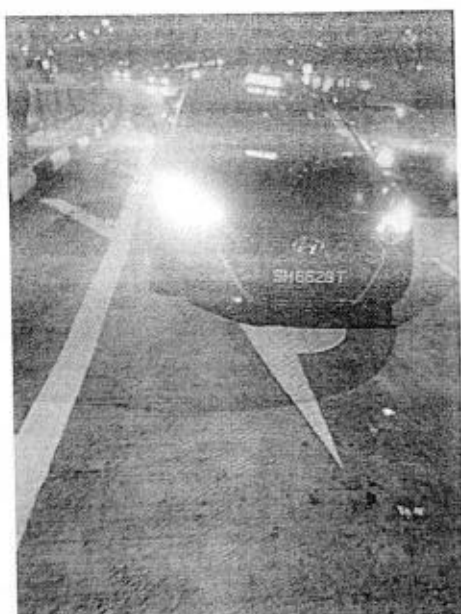
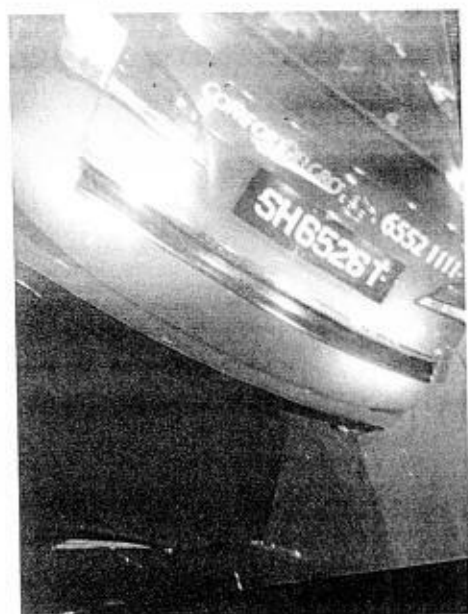
CONFIDENTIAL

Version as of 15 Jan 2002


Sengkang NPC
2 Sengkang Square
#01-02 S(645025)
Tel: 1800-3438999

Li T16-246.





A member of COMFORTDELGRO

Date/Time: 18.06.2018 08:33

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 305176120

CUSTOMER
R/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65508755 (O)
(P)

REGN NO:
SH 6526T

MILEAGE

MAKE
HYUNDAI

FUEL

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

MODEL
I-40

DATE/TIME IN
16.06.2018 08:20

YR OF MANU
10.12.2015

TARGET DATE

CHASSIS CODE
KMHLB41UMGU080982

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 14.06.2018

NATURE: 3P 14.06.2018

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
|------|------------|-------------|

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

No.:
Vehicle No.: SH 6526T CHIANG

Vehicle No.: SH 6526T

Name of Service Advisor

Signature/Date

Name of Service Advisor

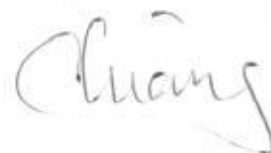
Date

ie 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

| | | | |
|--------------------------------------|---|---------------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 14/06/2018 |
| Vehicle Reg. No.: | SH6526T | Driveable? | YES |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A) | Vehicle Reg. Date: | 10/12/2015 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | D4FDFU566342 | Chassis No: | KMHLB41UMGU080982 |
| Odometer: | 365465 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

| | |
|--------------------------|-----------------|
| Parts | Amount |
| Miscellaneous Items | 1,510.78 |
| Labour | 10.00 |
| Paintwork Labour | 750.00 |
| Towing | 0.00 |
| | 0.00 |
| Gross Total (S\$) | 2,270.78 |
| + GST 7.00% (S\$) | 158.95 |
| Nett Amount (S\$) | 2,429.73 |

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: 18 Jun 2018)

Parts: 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SH6526T/18/06/2018 10:02

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>cr</i> <i>Xsu</i> | 20.00 | 0.00 | *603.60 FL |
| 2 | 1 | | *REAR BUMPER REINFORCEMENT <i>Xsu</i> | 20.00 | 0.00 | *504.35 FL |
| 3 | 1 | | *REAR BUMPER REINFORCEMENT BRACKET LH/RH <i>Xsu</i> | 20.00 | 0.00 | *180.00 FL |
| 4 | 1 | | *REAR BUMPER SPONGE <i>Xsu</i> | 20.00 | 0.00 | *143.40 FL |
| 5 | 1 | | *REAR BUMPER UNDER COVER <i>cr</i> | 20.00 | 0.00 | *225.00 FL |
| 6 | 1 | | *REAR BUMPER REVERSE SENSOR <i>Xsu</i> | 0 | 0.00 | *135.70 FS |
| 7 | 1 | | *REAR BUMPER RUBBER MAT <i>nc</i> | 0 | 0.00 | *50.00 FS |
| F=Franchise part. S=SpcNett. L=ListItemDisc. | | | | | | |
| <i>Rear Bumper clips</i> | | | | | | |
| Sub Total (S\$) | | | | <i>20%</i> | <i>22</i> | 1,842.05 |
| - List Item Discount on L Items (S\$) | | | | | | 331.27 |
| Total Parts (S\$) | | | | | | 1,510.78 |

ComfortDelGro Engineering Pte Ltd/SH6526T/18/06/2018 10:02. 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 (\$\$) | | | 10.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|--------------------------|-----------------------------|----------|--------------------------|
| <u>Labour Items</u> | | | |
| 1 | PANEL BEATING | New | 350.00 200 |
| 2 | SPRAY PAINTING | New | 250.00 200 |
| 3 | WIRING | New | 30.00 X n |
| 4 | REMOVE/REFIX REVERRE SENSOR | New | 120.00 30 X n |
| Gross Labour Cost (\$\$) | | | 750.00 |

ComfortDelGro Engineering Pte Ltd/SH6526T/18/06/2018 10:02. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvin 16/11/18

18/6/18 1040h.

2 Pys

PIP

Before Paint photo

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 removed and is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.06.2018

REPAIR ESTIMATE

Time: 18:10:56

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 : 305176120
REGN NO : SH 6526T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.12.2015
DATE/TIME IN : 16.06.2018 08:20
ACCIDENT DATE : 14.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|---------------------------|------|--------|-------|--------|
| 0001 04-01-0103-0579-G | I40VC COVER ASSY-RR BUMPE | 1 | 603.60 | 20.00 | 482.88 |
| 0002 04-01-0101-0111-G | HYUNDAI BUMPER COVER CLIP | 10 L | 22.00 | 20.00 | 17.60 |
| 0003 04-01-0103-0738-G | I40VC COVER-RR BUMPER LWR | 1 | 225.00 | 20.00 | 180.00 |
| 0004 04-01-0103-1150-A | I40VC PROTECTOR MAT | 1 | 50.00 | 2.00- | 50.00 |

SUB-TOTAL : 730.48

JOB NATURE

| | | |
|-------------|-----------------------------|--------|
| 0000 L | MERIMEN FEE | 10.00 |
| 0001 L | PANEL BEATING | 200.00 |
| 0002 23-502 | SPRAYPAINT ON AFFECTED AREA | 200.00 |

SUB-TOTAL : 410.00

TOTAL : 1,140.48

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

Our Job Ref No : 305176120
Date : 18/06/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 6526T

Fax :

14/06/2018

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

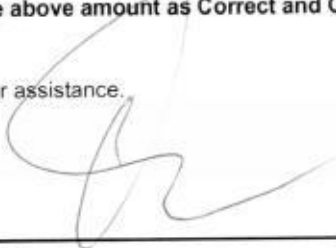
1. The repair job shall bill to: TOKIO SJN6096S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$730.48
 - (b) Labour Charges \$410.00
 - Total for Part-By-Part Repair Cost** \$1,140.48
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost


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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kelvin
Date : 20/6/18

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 | | 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: CC3/TMI18010995/K1QBN2

Date: 25/06/2018

REFERENCE

| | | | |
|-----------------------|--------------------------------------|----------------------|----------|
| Handling Insurer: | Tokio Marine Insurance Singapore Ltd | Policy No: | MI000905 |
| Claimant Vehicle No : | SH6526T | Insured Vehicle No : | SJN6096S |
| Date of Loss: | 14/06/2018 | Nature of Claim: | TP |
| | | Claim No: | M1802992 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|--|-------------|-------------------|
| Reg No: | SH6526T | Engine No: | D4FDFU566342 |
| Make & Model: | HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A) | Chassis No: | KMHLB41UMGU080982 |
| Reg. Date: | 10/12/2015 (Man. Year: 2015) | Odometer: | 365465 km |
| Colour: | Blue | | |
| Engine Capacity: | 1685 cc | | |
| Market Value/New Car Price: | N/A | | |
| Sum Insured (\$\$): | Market Value/New Car Price | | |

CONDITION OF VEHICLE AT THE TIME OF SURVEY

| | | | | | |
|--------------------------|------|-------------------------|-----|--------------------------|------|
| General Condition: | Good | Steering (Serviceable): | Yes | Footbrake (Serviceable): | Yes |
| Handbrake (Serviceable): | Yes | Engine Modification: | No | Pre-accident Condition: | Good |

CONDITION OF TYRES

| | | | |
|-------------------|----------------|------------------|----------------|
| Front Tyre Size: | 205/60 R16 | Rear Tyre Size: | 205/60 R16 |
| Front Left Side: | West Lake 7 mm | Rear Left Side: | West Lake 7 mm |
| Front Right Side: | West Lake 7 mm | Rear Right Side: | West Lake 7 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--------------------------------|-----------------|-----------------|-----------------|--------------|
| Parts | 1,528.38 | 730.48 | 797.90 | 52.21 |
| Miscellaneous Items | 10.00 | 10.00 | 0.00 | 0.00 |
| Labour | 750.00 | 400.00 | 350.00 | 46.67 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (\$\$) | 2,288.38 | 1,140.48 | 1,147.90 | 50.16 |
| + GST 7.00/7.00% (\$\$) | 160.18 | 79.83 | 80.35 | 50.16 |
| Nett Amount (\$\$) | 2,448.56 | 1,220.31 | 1,228.25 | 50.16 |

INSPECTION

| | | | |
|-----------------------------|------------|-------------------|---|
| Date of Assignment: | 18/06/2018 | Present Location: | ComfortDelGro Engineering Pte Ltd (Loyang) |
| Date Inspected: | 18/06/2018 | 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: 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: 25 Jun 2018) | | |
| Parts: 143 | HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0) | | |
| Labour: Repairer's | (Price-denominated Standard List) | | |
| Print Code: | (Unsubmitted, no print-code for SH6526T) | | |
| 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 | Cracked | 603.60 FL | *603.60 FL |
| 2 | 1 | *REAR BUMPER REINFORCEMENT | Serviceable | 504.35 FL | *- FL |
| 3 | 1 | *REAR BUMPER REINFORCEMENT BRACKET LH/RH | Serviceable | 180.00 FL | *- FL |
| 4 | 1 | *REAR BUMPER SPONGE | Serviceable | 143.40 FL | *- FL |
| 5 | 1 | *REAR BUMPER UNDER COVER | Cut | 225.00 FL | *225.00 FL |
| 6 | 1 | *REAR BUMPER REVERSE SENSOR | Serviceable | 135.70 FS | *- FS |
| 7 | 1 | *REAR BUMPER RUBBER MAT | Necessary | 50.00 FS | *50.00 FS |
| Supplementary #1 | | | | | |
| 8 | 10 | *BUMPER CLIP FRONT (REAR BUMPER CLIPS) | Necessary | 22.00 FL | *22.00 FL |

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

| | | |
|--|-----------------|---------------|
| Sub Total (\$\$) | 1,864.05 | 900.60 |
| - List Item Discount on L Items 20.00/20.00% (\$\$) | 335.67 | 170.12 |
| Total Parts (\$\$) | 1,528.38 | 730.48 |

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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 | 350.00 | 200.00 |
| 2 | SPRAY PAINTING | New | 250.00 | 200.00 |
| 3 | WIRING | New | 30.00 | - |
| 4 | REMOVE/REFIX REVERRE SENSOR | New | 120.00 | - |
| Gross Labour Cost (S\$) | | | 750.00 | 400.00 |

| |
|---|
| Report was unsubmitted during this print-out. |
|---|

< END OF ESTIMATES >