Qureyr: Kalvin (C3/ IIII (8)	IGNMENT	7.
	Veh No: SHA 6349E YER	Renn: Apr , 201
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / To	
Estimate Cost:	Truck / Trailer or	
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	1/ 1 (]	0.0 1.991
To Insped Vehicle No:	121 10	^
at Workshop m/s	7726	dio: Insured / Std / NI / N
of	29/226	
Insured: SIA 455L	Engrivo.	MBA 810116
Policy No. MYOLOSSO		701 110116
Claims No	Gen. Cond: Good / Far / Poor / Burnt	or
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt	
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt	,
Make of Veh:	Modi: Nil / S/Rim / STOA/Rim or Tyre Size; F: 215/6	-11
		*,
(Policy Condition)	R:	OUTSII / DID / SIIMI /
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC /	PHISUTPIKT SUMIT
repair at the time of inspection.		
Bal. or Market Value:	Front 2	. 1
IDAC Accident Rport: Consistent? : Yes or No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
GIA / PR Seen: Consistent? : Yes or No		0.1. 25/6/8
Est. Repairs: days Res.: Yes or No	106	-/0/
Lum Sum: % 3 Val.: Yes or No	Out voy floid at	- / //
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S	/ U/C / Roonlop of
Vehicle: IN / Ot Date: Person Contacted:	The U/C / Chassis frame / Body Strue	cture affected due to colli
Date / Time Action / Instruction		Tokio
SHA 6349E -X		45
\$1A 41551^		43
chile s it as t me	,	
28/6/18 Email GIA to TMI 28/6/18 Where 43 \$2700/3 Px	(Red >518.90, 4890)	
18/0/18		
RECEIVED	9 JUN 2018	
Date The December 1 2 11 2 11 2	Days Of Repair: 3	
Date/Time, File Pass to? : Preli. Report	Days of Repair	Survey Fee:
1) : Final Report Date/Time, File Return to?	Meadively Hores The	Transportation: 250
1000 CONTROL C	Fee: Site Insp (\$	_S+RS,SI IO
2) >8/6- typist Add	: Interview (\$	Photos
	: Tech. Invs (\$	Others
D		
Lump Sum / I.B.I: (\$ >700 2	: Weekend (\$	

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

	BFOLDER TRACK		Adi Assigned	Adi Ret	Adi	Submitted	Ins Authled	Sta	tus	
Main	25 Jun 2018 18:27 Sendback Est	25 Jun 2018 18:34 \$\$5,218.90	26 Jun 2018 09:01 Assign	They rept				The second second	w Assigni ancel Case	ment
	Main	Refere	nce	Claim Det	ails		Document	s	SI	IIA wor
CLAIM S	UBFOLDER DET	AILS		STATE OF THE STATE						
Insured:		Reg. No.: 19930382	1R							
Main	CTPL									
Claimant Vehicle R No.:	1177.00	E		Date of	Loss:	[85 Months	12:00 - :59 and 24 Days Fr		eg Date (M	lan Yr)]
Claim Typ	pe: TP / M180	TP / M1803123			over	MV010850 (TP, Fire & Theft) Coverage: 07/12/2017 - 06/12/2018				
Vehicle R No.	SJA4155L			Policy N (Claima						
(Insured	172			Excess:		S\$0.00				
Repairer	ComfortDe	IGro Engineering F	te Ltd (Loyang) 59 Loyang Drive	5089	69 Loyang -	Tel: 6214 8300		97	
Handling Insurer:	Tokio Mari	ne Insurance Sing	apore Ltd (HQ)	- Tel: 6221 6111	[Ha	ndled by Zhe	ng Hanyang -	65926416]	
Adjuster	LKK Auto C	Consultants Pte Ltd	(HQ) - Tel: 625	6-3561 [Final	крі	due 03/07				
ASSOCI	ATED MAIL REC	EIVED						View All	Compose	Case Mai
There ar	e no mail for this o	case.								
ALL AS	SOCIATED TASK	KS⊡				View All	Search Tasks	Create N	lew Task	Complet
NAME OF STREET	ate Priority	Type Task Gro	oup Subject	Handler	Assign	ned By	Completed Or	Cre	ated On	Done

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Tuesday, 26 June 2018 8:24 AM

To:

motorclaims@tokiomarine.com.sg

Cc:

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING

PTE LTD DOA: 23/6/2018, SHA 6349E (TP VEHICLE), SJA 4155L (OI VEHICLE)

Attachments:

GIA.pdf; MARK EST.pdf

Dear Sir/Madam.

Please be informed that we had inspected the vehicle SHA 6349E M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 25/6/2018.

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,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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.

	ACCIDENT STATEMENT
Date Of Report	25/06/2018 11:00
Date Of Accident	23/06/2018 12:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 3 TWDS BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA6349E
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

HYUNDAI Manufacturer SONATA Model

Exact Purpose for which vehicle was being used at

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

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy

D-18088936MFSH Policy Number

Cover Note Number

Driver

CHUA ENG LEONG Name of Driver

S1247250A NRIC No 16/07/1957 Date Of Birth OUTDOOR Occupation 24/01/1978 Date Of Driving Pass

40 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-93363739 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 221 YISHUN STREET 21 #09-427

Postcode

760221

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

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?

Number of vehicles involved in the accident Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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:

: FEMALE

Passenger 4

NAME:

200

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

PLS REFER TO 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

SJA4155L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

0.0

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VAN HOORIK ROBBERT BASTIAAN

S7668493F

TOKIO MARINE INSURANCE SINGAPORE LTD

FRT

Sketch Plan Pg. 1

IMPORTÁNT 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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

Vei Yieng

Name:

NRIC/FIN No .:

GIARIAC SketchPlanForm_V3

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Sketch Plan Pg. 2

SKETCH PLAN	TIBLESTING	A) T [[T	FIRET	TITLE
	- But Bat	0		+++
	East Ave	3 111		
A SHA 6349E	tuvouds Bi	ARTH	111411	
	Bartoc Ce		- NINI-	
B18DA 41854			TANK	
Van Hoonk Pot	1 pellore Ea		TIAILL	V
Pastialan I	TT Ave 5 Bus		HILL	
	Junction 8 lu	P	NE NI	11111
	1 34 41		IPINI	
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+ - - - - - - - - -		11/1		
				++++
DESCRIBE CIRCUMSTANCES OF THE ACCID	FNT	handan't aland # dank	1	
				1 1
On.	23/6/18 at	about	19:00	his, 1
was driving along	Rufel Rotal	FARI A	AUX 3 -	trenand
was alluna allong	IMEIL DOLLOR	Last	10-()	TOVOCITA
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			9	
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collided onto the	year portion	n ort	my s	eationer
taxi				
OIL DOOS en a m	c an I-and	mu to	cixi. N	U INM
04 passenger	s on board	my to	/M . /M	O INT.
10 2				SFS.
reported in this	accident			
DECLÁRATION	SOLUTION TO ACCOUNT	7	A	
/We declare the foregoing particulars are true in	every respect.		1/4	
TI STO DE LEGION	×		Loss Wa	i Yieng
MFORT TRANSPORTATION PTE LTD	10			เลนน
Policyholder's Signature Driver's Si	[Tel: 14 (N.N.) [S. N.) [S. N. N.) [S. N.		entre Personnel's	Signature
Date & Time: (If driver i	s not the policyholder)	Name:	\/	

GIARMC ShetchFlanForm_V3

Page 5 of 18

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

TOK. Mar.

ComfortDelGro Engineering Pte Ltd

305 Braddell Rood Singepure 579/701 Marnine + 65 6383 6280 Facultitie + 65 6280 0755

Date/Time? 25.06.2018 11:51

Page: 1

Team: ARC Repair TP(CLSO)1 JOB CA	RD Sales Order:	JC NO.: 305179272
BTOMER	REGN NO. SHA6349E	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD STOMER NO. 7010045	LTD MAKE: HYUNDAI	
STOMER NO. 7610045 STOMER NO. 383 SIN MING DRIVE SINGAPORE 575717	MODEL SONATA	24.05.2018 10:30
(R) 65508755 (O)	YR OF MANU. 30: 04.2011	TARGET DATE
COUNT CARD NO.	CHASSIS CODE KMHBT41VMBA810	116 COMPLETION DATE/TIME
JOB DESCRIP	PTION	
Accident Date: 23.06.2018 NATURE: 3P 23.06.18		
S/NO LABOR CODE	DESCRIPTION	_
		^

	SERVICE ADVISOR			CUSTOMER'S SIGNATURE
vledgeme	ent Slip		Exit Pass	
No.:	SHA6349E	LIMTS	Vehicle No.; SHA5349E	
f Service	e Advisor	Signature/Date	Name of Service Advisor	Date
itumed t	o Service Reception upon	collection	To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD TO KIO MAINE - US

REPAIR ESTIMATE*

Westlake

DATE 25/6/2018 14:56

LKK Kalvik

VEHICLE NO: SHA 6349E

MAKE

Qty	Parts Description/ Labour	Type	Unit Pr	ice	A	mount	
Qij	Boot Lid Art				\$	1,349.50	Ì
	Boot Lid Lock Upper X 50-				S	132.10	
	Boot Lid Lock Lower ×1			1	S	30.30	
	Boot Lid Sonata Plate			- 1	\$	43.60	
	Boot Lid Hyundai Plate				S	24.20	
	Boot Lid 'H' Emblem				S	26.10	
	D I : I CD DI Plata				S	22.70	
	Rear Bumper Petud				S	578.40	
	Rear Bumper Reinforcement				S	483.30	
	Rear Bumper Clip			3	S	22.00	
	Rear Bumper Sponge			1	S	137.40	
	Rear Bumper Under Cover × 5				S	185.80	
	Rear Bumper Protector (LH/RH)		S	38.00	\$	76.00	
	Rear Panel × 5"			**********	S	391.80	
	Rear Panel Garnish ×				S	95.80	
	Rear Panel Garnish /						
	SUB TOTAL				\$	3,599.00	1
	LESS 20%	1			S	719.80	
	DISCOUNTED TOTAL				S	2,879.20	1
	DISCOUNTED TO THE					10.800.0100.000	
	Boot Lid Comfort Logo & Tel No. Sticker				s	30.00	N
	Boot Lid Advertisement Logo				S	100.00	N
	Rear Bumper Reverse Sensor × 1				\$	135.70	N
	Rear Bumper Advertisement Logo				\$	50.00	N
	Rear Fender Advertisement Logo (LH/RH)		S	100.00	\$	200.00	N
					\$	515.70	
	Labour Charge					400	
	The state of the s	Consultants	nence notify lowing:	1	\$	850.00	
		A BALLY TO THE STREET	Control and the PARTERIAL		\$	750.00	
	Wining Change	damaged par	ts) during resurve	Ŋ	8	50.00	1
	Tuff Kote * 10 0BP	rices are subject	to contimation To contimation To Watout Prejut S allowed	tice" basis	S	50,00	-
	• Third (ally some short	s) is allowed.	ort and	S	120,00	+
	- SHOD	ementary com/s	(a) is allowed I must be resurver dwal from Insuran	ce Company	1		
	TOTAL LABOUT	piect to final app	100		s	1,820.00	
	V. L. LUCKY TOTAL PROOF	wedged by Rep	arer		IT		1
	TOTAL LABOUT Restimate Total 25/6/18 15-45m. 3 1/2 After Report plan This is an initial estimate based on a visual inspection of	nore:			5	5,214.90	
	1/ 25/6/15 15 45m. Date					Q	7
	1/ 2/						
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	Mari II	4. 1	shiele The C	nal sessie	awar	tum will	\forall
	This is an initial estimate based on a visual inspection of	me above v		nai repair surance co			

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

59 Lovang 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:

23/06/2018

Policy No:

Vehicle Reg. No.:

SHA6349E

Date of Loss: Driveable?

NO

Party At Fault:

UNKNOWN

HYUNDAI SONATA, 2.0 D CRDI

Vehicle Reg. Date: 30/04/2011

Vehicle Colour:

TURBO (NF) (A)

Gen Condition:

GOOD

BLUE

Chassis No:

KMHET41VMBA810116

Engine No: Odometer:

Make/Model:

D4EAB959678 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 OLAUMS		Amount
COST OF CLAIMS		3,388.90
Parts		10.00
Miscellaneous Items		1,820.00
Labour		0.00
Paintwork Labour		0.00
Towing	Gross Total (S\$)	5,218.90
	+ GST 7.00% (S\$)	365.32
	Nett Amount (S\$)	5,584.22

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Version: 1.0 (Last Synchronised: 25 Jun 2018) Part Source: MRM-SG

HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0) 143 Parts:

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHA6349E/25/06/2018 18:34

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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 *.

	imates on Qty Part No.	Particulars	%Disc	%Depr	Amount	
		*BOOTLID Pent	20.00	0.00	*1,349.50 FL	50 3K
1	1	BOOTEID	20.00	0.00	*132.10 FL	×
2	1	BOOTER OF ICE OF	20.00	0.00	*30.30 FL	×
3	1	*BOOTLID LWR LOCK SYC	20.00	0.00	*43.60 FL	S
4	1	BOOTLID SOLATA EMBEEM	20.00	0.00	*24.20 FL	201 402
5	1	*BOOTLID HYUNDAI EMBLEM MC	20.00	0.00	*26.10 FL	
6	1	*BOOTLID H EMBLEM NCC	20.00	0.00	*22.70 FL	
7	1	*BOOTLID CRDI EMBLEM NCC	20.00	0.00	*578.40 FL	
8	1	*REAR BUMPER DE	20.00	0.00	*483.30 FL	
9	1	*REAR BUMPER REINFORCEMENT	20.00	0.00	*22.00 FL	
10	10	*REAR BUMPER CLIPS NºC	20.00	0.00	*137.40 FI	
11	1	*REAR BUMPER SPONGE 1010	20.00	0.00	*185.80 FI	
12	1	*REAR BUMPER UNDER COVER 5×C	20.00	0.00	*76.00 FI	
13	2	*REAR BUMPER PROTECTOR RH/LH \$VC	20.00	0.00	*391.80 F	>
14	1	*REAR END PANEL SVC	20.00	0.00	*95.80 F	
15	1	*REAR END PANEL GARNISH SVC	20.00		*30.00 F	
16	1	*BOOTLID COMFORT AND 65521111 STICKERS			*100.00 F	
17	1	*BOOTLID ADVERTISEMENT STICKER NEC	0.00		*135.70 F	×
18	1	*REVERSE SENSOR	0.00		*50.00 F	
19	1	*REAR BUMPER ADVERTISEMENT STICKER OF C	0.00			
20	2	*REAR FENDER ADVERTISEMENT STICKER RH/LH Nec	0.00	0.00	*200.00 F	
	ranchise part, L=List	ItemDisc.			4 44 4 70	
		Sub Total (S\$) - List Item Discount on L Items (S\$)			4,114.70 725.80	
		Total Parts (S\$)		3,388.90	

ComfortDelGro Engineering Pte Ltd/SHA6349E/25/06/2018 18:34. Not valid without Reference section. Generated using Merimen e-Claims IEAS

Sub Total (S\$)

		ates on Miscellaneous Items Particulars		Amount
Misc	ella	neous Items		10.00
1	1	OD/TP Case (Insurer)	Sub Total (S\$)	10.00

No	imates on Labour Particulars	Lab.Type	Amount
Lab	our Items	New	850.00 HX
1	PANEL BEATING	New	750.00 400
2	SPRAY PAINTING	New	50.00 ★ 1
3	WIRING CHECK	New	50.00 20
4	TUFF KOTE	New	120.00 กก
5	R/I REVERSE SENSOR	-	
		Gross Labour Cost (S\$)	1,820.00

ComfortDelGro Engineering Pte Ltd/SHA6349E/25/06/2018 18:34. Not valid without Reference section. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING

305179272 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 28/06/18 Date FINALIZATION FORM Fax: LKK KALVIN ANG Attn : Date of Accident : 23-Jun-18 Vehicle Reg No. : SHA6349E The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SJA4155L TOKIO MARINE The repair job shall bill to: The finalized amount shall be: 2. Spare Parts after List discount (a) (b) Labour Charges Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) (c.) \$2,700.00 Total for Lumpsum repair cost after Less: 20% \$2,700.00 Final Lumpsum Repair cost Estimated normal period for repairs: working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature Signature : : LIMTS Name Name 62148398 Date Tel 65468156 Fax For Official Use Only Document Confirm By Remarks Attached Amount Item (Signature) Yes or No YES Rental Rate P/Day Loss of Income Paid -----Survey Fees LTA Search Fee

Medical Fees (on behalf of driver, if applicable)

Remarks: REAR BUMPER REINFORCEMENT & SPONGE - REPLACED

Overrun

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/TMI18011530/K1VBN2

Date:

03/07/2018

REFERENCE

Handling

Tokio Marine Insurance Singapore Ltd

Policy No:

MV010850

Insurer:

Claimant

SHA6349E

Insured Vehicle No:

SJA4155L

Vehicle No: Date of Loss:

23/06/2018

Nature of Claim:

TP

Claim No: M1803123

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHA6349E

30/04/2011 (Man. Year: 2011)

HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)

Engine No: Chassis No: Odometer:

D4EA9736696 KMHET41VMBA810116

386326 km

Reg. Date: Colour:

Blue

Engine Capacity: Market Value/New Car 1991 cc N/A

Price:

Make & Model:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good Steering (Serviceable):

Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes Good

Handbrake (Serviceable):

CONDITION OF TYRES Front Tyre Size:

215/60R16

Rear Tyre Size:

215/60R16

Front Left Side:

West Lake 7 mm West Lake 7 mm Rear Left Side: Rear Right Side: West Lake 7 mm West Lake 7 mm

Front Right Side: The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts	Repairer's 3,388.90 10.00	Adjuster's 2,523.76 10.00	Difference 865.14 0.00	Diff % 25.53 0.00
Miscellaneous Items Labour Paintwork Labour	1,820.00 0.00	820.00 0.00	1,000.00 0.00	54.95
Towing	0.00 5,218.90	3,353.76	1,865.14	35.74
Calculated Gross Total (S\$) Approved Total (Overridden) (S\$)	5,210.50	2,700.00		
(S\$) + GST 7.00/7.00% (S\$)	5,218.90 365.32	2,700.00 189.00	2,518.90 176.32	48.26 48.26
Nett Amount (S\$)	5,584.22	2,889.00	2,695.22	48.26

INSPECTION

Date of Assignment:

26/06/2018 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

25/06/2018 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: 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

Version: 1.0 (Last Synchronised: 03 Jul 2018) Part Source: MRM-SG

HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0) Parts: 143

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

Print Code: (Unsubmitted, no print-code for SHA6349E)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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 *.

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
28	2	*BOOTLID	Dented	1,349.50 FL	*1,349.50 FL
1	1	*BOOTLID UPR LOCK	Serviceable	132.10 FL	*-FL
2	1	*BOOTLID LWR LOCK	Serviceable	30.30 FL	*-FL
3	1	*BOOTLID SONATA EMBLEM	Necessary	43.60 FL	*43.60 FL
5	1	*BOOTLID SONATA EMBLEM *BOOTLID H EMBLEM	Necessary Necessary	24.20 FL 26.10 FL	*24.20 FL *26.10 FL
6 7	1 1 1	*BOOTLID REMBLEM *REAR BUMPER	Necessary Deformed	22.70 FL 578.40 FL	
8	1	*REAR BUMPER REINFORCEMENT	Cracked	483.30 FL	*483.30 FL
9	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
10	10	*REAR BUMPER SPONGE	Torn	137.40 FL	*137.40 FL
11 12	1	*REAR BUMPER UNDER COVER	Serviceable	185.80 FL	*-FL
13	2	*REAR BUMPER PROTECTOR RH/LH *REAR END PANEL	Serviceable Serviceable	76.00 FL 391.80 FL	
15 16	1	*REAR END PANEL GARNISH *BOOTLID COMFORT AND 65521111 STICKERS	Serviceable Necessary	95.80 FL 30.00 FL	
17	1	*BOOTLID ADVERTISEMENT STICKER *REVERSE SENSOR	Necessary Not Necessary	100.00 F 135.70 F	*100.00 FS *- FS
18	-	*REAR BUMPER ADVERTISEMENT STICKER	Necessary	50.00 F	*50.00 FS
19	1 2	*REAR FENDER ADVERTISEMENT STICKER RH/LH	Necessary	200.00 F	*200.00 FS
		part. S=SpcNett. L=ListItemDisc. - List Item Discount on L Items 20	Sub Total (S\$)		3,067.20 543.44
			Total Parts (S\$)	3,388.90	2,523.76

Reo №	commended Miscellaneous Oty Particulars	Items	Repairer's	Amount
Misc	ellaneous Items		10.00	10.00
1	1 OD/TP Case (Insurer)		10.00	
		Sub Total (S\$)	10.00	10.00
Recommended Labour		Lab.Type	Repairer's	Amount
Lab	our Items	New	850.00	400.00
1	PANEL BEATING	17.75	750.00	400.00
2	SPRAY PAINTING	New		400.00
3	WIRING CHECK	New	50.00	
4	TUFF KOTE	New	50.00	20.00
5	R/I REVERSE SENSOR	New	120.00	
		Gross Labour Cost (S\$)	1,820.00	820.00
	Report w	as unsubmitted during this print-out.		

< END OF ESTIMATES >