

(08/11/13)

Surveyor: Kalvin
Murmen

REF:

003/TMU801 1747/Klabn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: STY 7831YPolicy No. MF000897Claims No. MF03179

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 8792J Yr Regn: 16 TY 2015

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

Truck / Trailer or

Make: Hyundai 200 c.c. 1600Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 3268x5 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CAHLCB414164 075405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or W4166

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 20/6/18 D.O.I. 27/6/18Survey held at (DHE (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 |
|-------------|---|
| | SHC 8792J - x |
| | STY 7831Y - 003/AXA 13019125/TI16k3 |
| 26/6/18 | Returned P/P \$310/20y. (Ref to 2200.78, 88%) |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 29 JUN 2018

Date/Time, File Pass to?

☐ : Preli. Report1) 29/6/18 main☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: MEK-TPLump Sum / I.B.I: (\$ 310)

250

10

260

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 | 27/06/2018 10:01 |
| Date Of Accident | 20/06/2018 18:05 |
| Exact Location Of Accident | PASIR RIS DR 3 TWDS LOYANG AVE. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC8792J |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | MCOM0015 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | IRWAN BIN RAMLAN |
| NRIC No | S7918976F |
| Date Of Birth | 04/07/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/02/2014 |
| Driving Experience | 4 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85881281 |
| Fax Number | |
| Contact Number | |
| EMail Address | ASH_SLAYER@HOTMAIL.COM |

| | |
|---|---|
| Address | BLK 818A CHUA CHU KANG AVENUE 1 14-110 |
| Postcode | 681818 |
| 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 | 2 |
| Was any body injured in the Accident? | YES |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7818999 - FAX NO: 67838603 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER POLICE REPORT NO: T/20180626/2191

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 | SJY7831Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HO LI LING |
| NRIC/Passport Number | S7918022Z |
| Contact Number | 81211436 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

IRWAN BIN RAMLAN

Approximate Age

Injuries Sustain

BACKACHE AND SPRAINED NECK

Injured person in which vehicle?

SHC8792J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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. 19930321R

Policyholder's Signature
Date & Time:

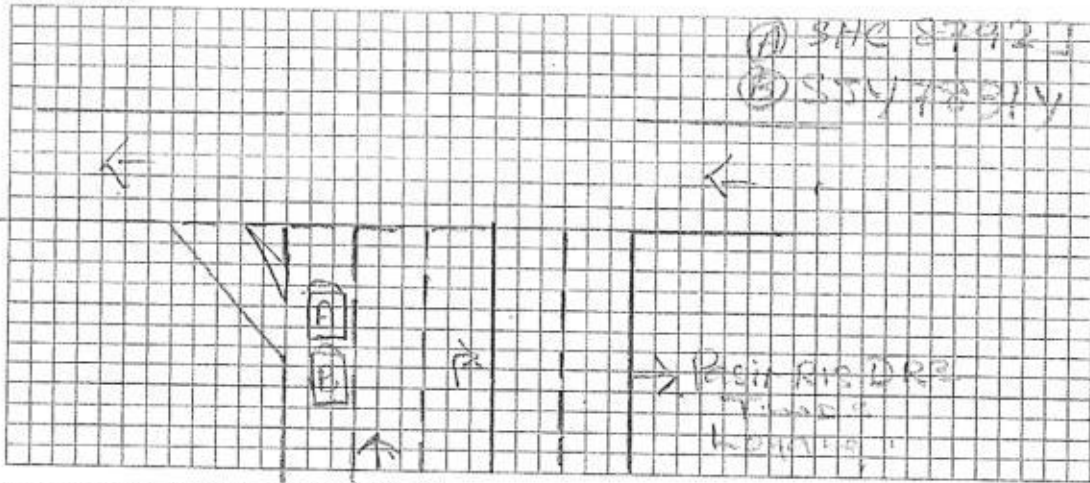
Driver's Signature
(If driver is not the policyholder)
Date & Time:

27/6/18
Jackson Heng
CSO

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer - Police Report attach - T/20180626/2191

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)

Reporting Centre Personnel's Signature
Name:

27/6/18
Jackson Heng
DSD



**SINGAPORE
POLICE FORCE**



T/20180626/2191

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20180626/2191

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|---|------------------------------|
| Date/Time Report Made: 26/06/2018 20:55 | | Vide Report No.: | Station Diary No.: 55 |
| Informant's Particulars | | | |
| Name of Informant: IRWAN BIN RAMLAN | | Address: APT BLK 818A CHOA CHU KANG AVENUE 1 #14-110 SINGAPORE 681818 | |
| ID Type / ID No.: NRIC NO / S7918976F | | Contact No.: Home/Office: Mobile: 85881281 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 38 | Date of Birth: 04/07/1979 | Type of Informant: Driver |
| Race: Bugis | | Language: English | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B,3,4 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|---|---|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 26/06/2018 18:05 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 3 PASIR RIS DRIVE 2 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No | Type | Make | Model | Color | Condition | No. of Passenger |
|------------|------|---------|-------|--------|---------------------|------------------|
| SHC8792J | Car | HYUNDAI | I40 | Blue | Slightly Damaged | 0 |
| SJY7831Y | Car | TOYOTA | WISH | Silver | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |



**SINGAPORE
POLICE FORCE**



T/20180626/2191

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20180626/2191

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------|------------------|--|
| Driver | | | |
| Name | IRWAN BIN RAMLAN | | ID No. S7918976F |
| Related Vehicle | SHC8792J (Car) | | Contact No. 85881281 |
| Hospital/Clinic | STREET 11 CLINIC | | Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | 26/06/2018 | Date Discharge | 26/06/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |
| Driver | | | |
| Name | HO LI LING | | ID No. S7918022Z |
| Related Vehicle | SJY7831Y (Car) | | Contact No. NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date, time and place while I was driving on the extreme left lane of Pasir Ris Drive 3 towards Loyang Ave. The traffic light at the junction of Pasir Ris Dr 3 and Pasir Ris Dr 2 shows red thus I slowed down my taxi and stop. While my taxi was stationary suddenly I felt a bump from the rear. I made a check and discovered that a silver Toyota Wish had collided onto my rear part of my taxi. I made a check and discovered there are scratches on my rear bumper.

I wish to state that my taxi has an in-car camera. I was given 3 days MC due to my backache and sprained neck.



SINGAPORE
POLICE FORCE



T/20180626/2191

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20180626/2191

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|--|--------------------------------|
| Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD AL-HASSAN BIN ABDUL RAHMAN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 26/06/2018 20:55 |
| Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 | Classification Of Case: |
| Authentication Stamp NP168 | |

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

305 Bras Basah Road Singapore 579701
 Mornings - 65 6380 8240, Evening - 65 6380 8733
 Workshop:
 58 Luning Drive Singapore 506045 34 Serangoon Road Singapore 554156
 383 Sin Ming Drive Singapore 575717 7 Sungei Kidut Way Singapore 728191
 45 Pongshu Road Singapore 600046 6 Delfi Avenue 1 Singapore 339027

Date/Time: 27.06.2018 10:47 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC No.: 305180369

OMER

COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

(R) (O)
 (P)

JUNT CARD NO.

| | | |
|--------------|-------------------|-----------------------|
| REGN NO: | SHC8792J | MILEAGE |
| MAKE : | HYUNDAI | FUEL |
| MODEL | I-40 | E.....1/2.....F |
| YR OF MANU. | 16.07.2015 | DATE/TIME IN |
| CHASSIS CODE | KMHLB41UMGU075485 | COMPLETION DATE/TIME: |

Accident Date: 20.06.2018
 NATURE: 3P 20.06.18

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHC8792J LIMTS

Vehicle No.: SHC8792J

Service Advisor

Signature/Date

Name of Service Advisor

Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8792J

MAKE :

MODEL : HYUNDAI i40

DATE 27/6/2018

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|------------|------------------------------------|
| | Rear Bumper <i>X 1 pc</i> | | | \$ 603.60 |
| | Rear Bumper Reinforcement <i>X 1 pc</i> | | | \$ 504.35 |
| | Rear Bumper Reinforcement Bracket (LH/RH) <i>X 1 pc</i> | | \$ 180.00 | \$ 360.00 |
| | Rear Bumper Side Bracket <i>X 1 pc</i> | | | \$ 49.00 |
| | Rear Bumper Clips <i>X 2</i> | | | \$ 22.00 |
| | Rear Bumper Sponge <i>X 1 pc</i> | | | \$ 143.40 |
| | Rear Bumper Under Cover <i>X 1 pc</i> | | | \$ 225.00 |
| | SUB TOTAL | | | \$ 1,907.35 |
| | LESS 20% | | | \$ 381.47 |
| | DISCOUNTED TOTAL | | | \$ 1,525.88 |
| | Rear Bumper Reverse Sensor <i>X 1 pc</i> | | | \$ 135.70 |
| | Rear Bumper Rubber Mat <i>X 1 pc</i> | | | \$ 50.00 |
| | | | | \$ 185.70 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 380.00 <i>100</i> |
| | Spray Painting Charge | | | \$ 250.00 <i>200</i> |
| | Wiring Charge | | | \$ 50.00 <i>X 1 pc</i> |
| | R/Refix Reverse Sensor | | | \$ 120.00 <i>X 1 pc</i> |
| | <i>Mermite Fee \$10</i> | | | |
| | TOTAL LABOUR | | | \$ 800.00 |
| | ESTIMATE TOTAL | | | \$ 2,511.58 |

Kalvin 11/11/18
27/6/18 1100h
21/6/18
PIP
After Repair plet.

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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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: | 20/06/2018 |
| Vehicle Reg. No.: | SHC8792J | Driveable? | NO |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | HYUNDAI I40, 1.7 GDI (A) | Vehicle Reg. Date: | 16/07/2015 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | D4FDFU529763 | Chassis No: | KMHLB41UMGU075485 |
| Odometer: | 0 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 | | 1,750.78 |
| Labour | | 10.00 |
| Paintwork Labour | | 750.00 |
| Towing | | 0.00 |
| | | 0.00 |
| Gross Total (S\$) | | 2,510.78 |
| + GST 7.00% (S\$) | | 175.75 |
| Nett Amount (S\$) | | 2,686.53 |

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: (Last Synchronised: 27 Jun 2018)

Parts: N/A HYUNDAI I40 1.7 GDI (A) (Model not available in database)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHC8792J/27/06/2018 11:36

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 | 20.00 | 0.00 | *603.60 FL <i>x R</i> |
| 2 | 1 | | *REAR BUMPER REINFORCEMENT | 20.00 | 0.00 | *504.35 FL <i>x R</i> |
| 3 | 2 | | *REAR BUMPER REINFORCEMENT BRKT RH/LH | 20.00 | 0.00 | *360.00 FL <i>x R</i> |
| 4 | 2 | | *REAR BUMPER SIDE BRKT RH/LH | 20.00 | 0.00 | *98.00 FL <i>x R</i> |
| 5 | 10 | | *REAR BUMPER CLIPS | 20.00 | 0.00 | *22.00 FL <i>x R</i> |
| 6 | 1 | | *REAR BUMPER SPONGE | 20.00 | 0.00 | *143.40 FL <i>x R</i> |
| 7 | 1 | | *REAR BUMPER UNDER COVER | 20.00 | 0.00 | *225.00 FL <i>x R</i> |
| 8 | 1 | | *REVERSE SENSOR | 0.00 | 0.00 | *135.70 F <i>x R</i> |
| 9 | 1 | | *REAR BUMPER MAT | 0.00 | 0.00 | *50.00 F <i>x R</i> |
| Sub Total (S\$) | | | | | | 2,142.05 |
| - List Item Discount on L Items (S\$) | | | | | | 391.27 |
| Total Parts (S\$) | | | | | | 1,750.78 |

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHC8792J/27/06/2018 11:36. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

10.00 ✓

Sub Total (S\$)

10.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

380.00 (100)

2 SPRAY PAINTING

New

200.00 700

3 WIRING CHECK

New

50.00 x 100

4 R/I REVERSE SENSOR

New

120.00 1000

Gross Labour Cost (S\$)

750.00

ComfortDelGro Engineering Pte Ltd/SHC8792J/27/06/2018 11:36. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.06.2018

Time: 17:44:08

REPAIR ESTIMATE

Page: 1

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

JOB NO : 305180369
REGN NO : SHC8792J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.07.2015
DATE/TIME IN : 27.06.2018 08:55
ACCIDENT DATE : 20.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

| | | |
|-------------|-----------------------------|--------|
| 0000 L | PANEL BEATING | 100.00 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 200.00 |
| 0002 20-05 | TP MERIMEN | 10.00 |
| SUB-TOTAL : | | 310.00 |

TOTAL : 310.00

Limfs
MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305180369
Date : 28/06/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8792J

Date of Accident : 20-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 --- SJY7831Y
2. The finalized amount shall be:

| | |
|---|-----------------|
| (a) Spare Parts after List discount | NIL |
| (b) Labour Charges | \$310.00 |
| Total for Part-By-Part Repair Cost | \$310.00 |
| | |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | _____ |
| 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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 28/6/18

Fax : 65468156

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:

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/TMI18011747/K1QBN2

Date: 02/07/2018

REFERENCE

| | | | |
|-----------------------|--------------------------------------|----------------------|----------|
| Handling Insurer: | Tokio Marine Insurance Singapore Ltd | Policy No: | MF000897 |
| Claimant Vehicle No : | SHC8792J | Insured Vehicle No : | SJY7831Y |
| Date of Loss: | 20/06/2018 | Nature of Claim: | TP |
| | | Claim No: | M1803179 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|------------------------------|-------------|-------------------|
| Reg No: | SHC8792J | Engine No: | D4DFDU529763 |
| Make & Model: | HYUNDAI I40, 1.7 GDi (A) | Chassis No: | KMHLB41UMGU075485 |
| Reg. Date: | 16/07/2015 (Man. Year: 2015) | Odometer: | 326845 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: | Good | Steering (Serviceable): | Yes | Footbrake (Serviceable): | Yes |
| Handbrake (Serviceable): | Yes | Engine Modification: | No | Pre-accident Condition: | Good |

CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|-------------------------------|-----------------|---------------|-----------------|--------------|
| Parts | 1,750.78 | 0.00 | 1,750.78 | 100.00 |
| Miscellaneous Items | 10.00 | 10.00 | 0.00 | 0.00 |
| Labour | 750.00 | 300.00 | 450.00 | 60.00 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (S\$) | 2,510.78 | 310.00 | 2,200.78 | 87.65 |
| + GST 7.00/7.00% (S\$) | 175.75 | 21.70 | 154.05 | 87.65 |
| Nett Amount (S\$) | 2,686.53 | 331.70 | 2,354.83 | 87.65 |

INSPECTION

| | | | |
|-----------------------------|------------|-------------------|---|
| Date of Assignment: | 27/06/2018 | Present Location: | ComfortDelGro Engineering Pte Ltd (Loyang) |
| Date Inspected: | 27/06/2018 | 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: | (Last Synchronised: 02 Jul 2018) | |
| Parts: | N/A | HYUNDAI I40 1.7 GDi (A) (Model not available in database) |
| Labour: | Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SHC8792J) | |
| 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 REINFORCEMENT | Serviceable | 504.35 FL | *- FL |
| 3 | 2 | | *REAR BUMPER REINFORCEMENT BRKT RH/LH | Serviceable | 360.00 FL | *- FL |
| 4 | 2 | | *REAR BUMPER SIDE BRKT RH/LH | Serviceable | 98.00 FL | *- FL |
| 5 | 10 | | *REAR BUMPER CLIPS | Not Necessary | 22.00 FL | *- FL |
| 6 | 1 | | *REAR BUMPER SPONGE | Serviceable | 143.40 FL | *- FL |
| 7 | 1 | | *REAR BUMPER UNDER COVER | Serviceable | 225.00 FL | *- FL |
| 8 | 1 | | *REVERSE SENSOR | Serviceable | 135.70 F | *- FS |
| 9 | 1 | | *REAR BUMPER MAT | Not Necessary | 50.00 F | *- FS |
| | | | | | Sub Total (\$\$) | 2,142.05 0.00 |
| | | | | | - List Item Discount on L Items 20.00/20.00% (\$\$) | 391.27 0.00 |
| | | | | | Total Parts (\$\$) | 1,750.78 0.00 |

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 (\$\$) | | | 10.00 | 10.00 |

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|--------------------------|--------------------|----------|------------|--------|
| <u>Labour Items</u> | | | | |
| 1 | PANEL BEATING | New | 380.00 | 100.00 |
| 2 | SPRAY PAINTING | New | 200.00 | 200.00 |
| 3 | WIRING CHECK | New | 50.00 | - |
| 4 | R/I REVERSE SENSOR | New | 120.00 | - |
| Gross Labour Cost (\$\$) | | | 750.00 | 300.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >