

NA2

REP:

TMI

CC3/TMI18010243/Nvber



File No.

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop no:

of

Insured: SHA 78880

Policy No. MT102195

Claims No. M1803314

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
X	X

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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.

SHA 7159E

Date: 28/05/2014

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

Truck / Trailer or

Make.

HYUNDAI 140

20 1685

Colour

BLUE

Insured / Std / NI / NA

Sp. Reading

66.151

Insured / Std / NI / NA

Eng No:

C.No:

KMHLB41UMEH053903

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: 205/60 R16

R:

11

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

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

3/7/18

D.O.A.

4/7/18

Survey held at

CDGE WYANG

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

SHA 7159E - CC3/CTI16017275/H11eb3m2

SHA 78880 - X

DCA: 110976 TMI L/S

5/7/18

Email GIA to TMI

10/7/18

FINALIZED

LUMP SUM REPAIR

\$950 / 2 DAYS

(Red 1590.78,

6190)

RECEIVED 12 JUL 2018

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

Pre-Repair Survey

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Jul 2018 Sendback Est	04 Jul 2018 12:18 S\$2,540.78	05 Jul 2018 15:16 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	LOW YEAP CHAN, Co. Reg. No.: S2010729D			
Main Claimant:	CTPL, Co. Reg. No.: 199303821R			
Vehicle Reg. No.:	SHA7159E	Date of Loss:	03/07/2018 00:00 - :59 [49 Months and 5 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1803314	Policy/Cover Note No.:	MT102195 (Comprehensive) Coverage: 28/05/2018 - 27/05/2019	
Vehicle Reg. No. (Insured):	SGH7838D	Policy No. (Claimant):		
		Excess:	S\$600.00	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 16/07/2018]			
Driver/Custodian (Insured):	LIEW SIN (42), NRIC: S7602883D			
Adj Asg. Remarks:	PLS. CHECK CONSISTENCY OF THE DAMAGE.THKS			

ASSOCIATED MAIL RECEIVED
[View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS
[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Thursday, 5 July 2018 2:33 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 3/7/2018, SHA 7159E (TP VEHICLE), SGH 7838D (OI VEHICLE)
Attachments: EST.pdf; GIA.pdf

Dear Sir,

Please be informed that we had inspected the vehicle SHA 7159E M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 4/7/2018

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.
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	04/07/2018 11:21
Date Of Accident	03/07/2018 22:30
Exact Location Of Accident	NORTH BRIDGE RD X STAMFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7159E
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	PAU SOO SWAN
NRIC No	S0217786B
Date Of Birth	27/02/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1972
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96787188
Fax Number	
Contact Number	
EMail Address	SWEEYUANENGRG@YAHOO.COM

Address	BLK 716 CLEMENTI WEST STREET 2 #05-03
Postcode	120716
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	1

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	SGH7838D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW SIN
NRIC/Passport Number	S7602883D
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6562U
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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 199303221R

Policyholder's Signature
Date & Time:

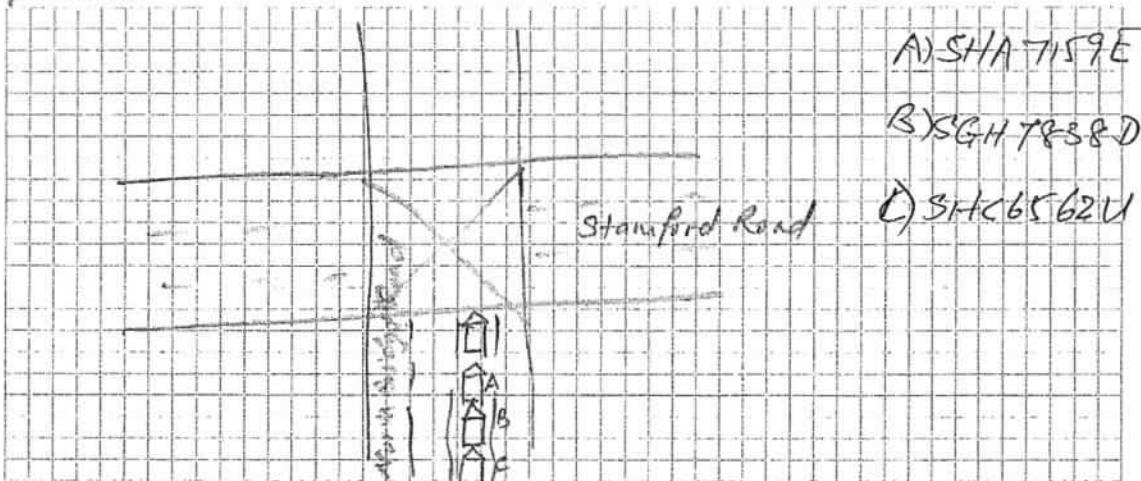
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIARMC SketchPlanForm_V2



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/7/18 at about 2230 hrs while I Veh A was stationary waiting behind other vehicles in front at the traffic junction, Veh B collided on the rear of my stationary ^{Vehicle} ~~Vehicle~~ when I came out to check, it was realized that Vehicle ~~to the~~ was also involved in the chain collision.

DECLARATION

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

UNIPORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303921R

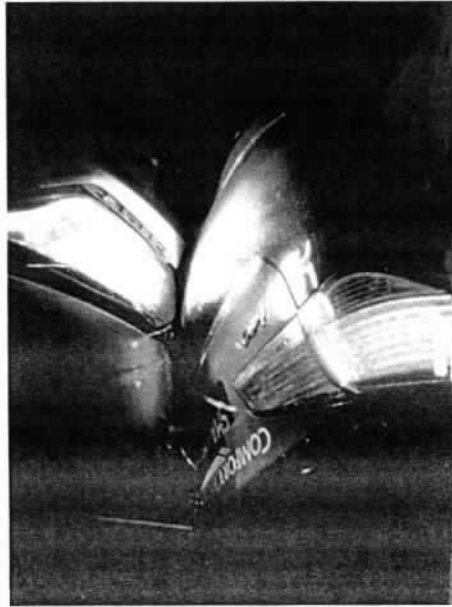
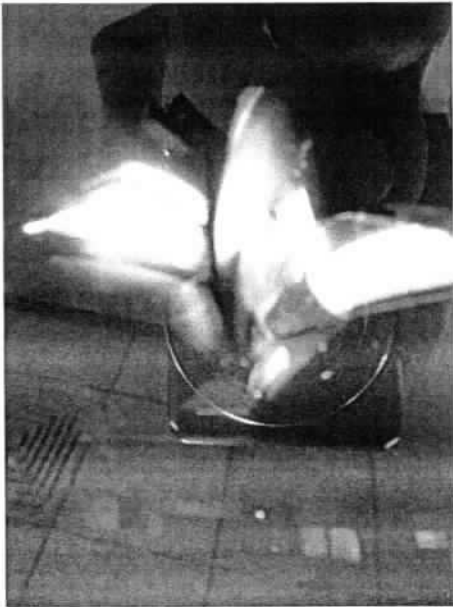
Policyholder's Signature
Date & Time:

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

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

6011AC Sketch Plan Form 23





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

TMI L/S

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	03/07/2018
Vehicle Reg. No.:	SHA7159E	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	28/05/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU417593	Chassis No:	KMHLB41UMEU053903
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,750.78
Miscellaneous Items	10.00
Labour	780.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,540.78
+ GST 7.00% (S\$)	177.85
Nett Amount (S\$)	2,718.63

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

LKK Auto Consultants hence notify the Repairer of the following:

- 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:

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 04 Jul 2018)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA7159E/04/07/2018 12:18**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 ASSY	20.00	0.00	*603.60 FL	DT
2	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*504.35 FL	X SVC
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH	20.00	0.00	*180.00 FL	X SVC
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH	20.00	0.00	*180.00 FL	X SVC
5	1		*REAR BUMPER SIDE BRACKET RH	20.00	0.00	*49.00 FL	X SVC
6	1		*REAR BUMPER SIDE BRACKET LH	20.00	0.00	*49.00 FL	X SVC
7	1		*REAR BUMPER SPONGE	20.00	0.00	*143.40 FL	X SVC
8	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL	REC
9	1		*REAR BUMPER UNDER COVER	20.00	0.00	*225.00 FL	REAR X L
10	1		*REVERSE SENSOR	0.00	0.00	*135.70 F	X SVC
11	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F	REC

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$) **2,142.05**- List Item Discount on L Items (\$\$) **391.27**Total Parts (\$\$) **1,750.78**

ComfortDelGro Engineering Pte Ltd/SHA7159E/04/07/2018 12:18. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

680

936

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	380.00 200
2	SPRAYPAINT	New	250.00 200
3	WIRING	New	50.00 20
4	REMOVE/REFIX REVERSE SENSOR	New	100.00 20
Gross Labour Cost (S\$)			780.00

ComfortDelGro Engineering Pte Ltd/SHA7159E/04/07/2018 12:18. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

NA2 LKK
4/7/18 355 pm
L/S
2 Days
After repair photo

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305189983

Date : 05/07/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

: SHA7159E

Date of Accident : 03/07/18

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

1. The repair job shall bill to: TOKIO --- SGH7838D
###

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% \$950.00

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 : JUMANI

Tel : 6214 8315

Fax : 6546 8156

Signature : 

Name : NAZ

Date : 10/7/18

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:




























CHECK ITEMS:

...CLAIM SUBFOLDER...(Pending for Survey Report)

Pre-Repair Survey

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	04 Jul 2018 Sendback Est	04 Jul 2018 12:18 S\$2,540.78	05 Jul 2018 15:16 Edit Adj Rpt	S\$950.00 Edit Estimates	S\$950.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: LOW YEAP CHAN , Co. Reg. No.: S2010729D									
Main Claimant: CTPL , Co. Reg. No.: 199303821R									
Vehicle Reg. No.: SHA7159E		Date of Loss: 03/07/2018 00:00 - :59 [49 Months and 5 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / M1803314		Policy/Cover Note No.: MT102195 (Comprehensive) Coverage: 28/05/2018 - 27/05/2019							
Vehicle Reg. No. (Insured): SGH7838D		Policy No. (Claimant):							
		Excess: S\$600.00							
Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
Handling Insurer: Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 16/07/2018]									
Driver/Custodian (Insured): LIEW SIN (42), NRIC: S7602883D									
Adj Asg. Remarks: PLS. CHECK CONSISTENCY OF THE DAMAGE.THKS									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Letters/Correspondences				<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
33	16/07/18 19:28	General View	 Load JPG	<input checked="" type="checkbox"/>
34	16/07/18 19:28	General View	 Load JPG	<input checked="" type="checkbox"/>
35	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
36	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
37	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
38	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
39	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
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41	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
42	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
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45	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
46	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
47	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
48	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
49	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
50	16/07/18 19:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	24/01/18 16:19	TP GIA REPORT	 Load PDF	
2	24/01/18 16:19	TP ESTIMATE- MARKED	 Load PDF	
3	29/01/18 11:44	Email letter to OI ACCIDENT INVOLVING SLG 9621U & SHD 9706Y ON 22.01.2018	 Load PDF	
4	28/06/18 11:15	LETTER TO OI	 Load PDF	
5	28/06/18 11:15	LTA SEARCH	 Load PDF	
6	28/06/18 11:15	RENTAL RECEIPT	 Load PDF	
7	19/07/18 15:05	AUTHORISATION TO ACT	 Load PDF	
8	19/07/18 15:05	RELEASE VOUCHER	 Load PDF	
9	19/07/18 15:05	WORKSHOP INVOICE	 Load PDF	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	25/01/18 13:30	OI GIA REPORT	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer
Note: Remarks are private unless you show it to other parties.

Claim Documents

SHA7159E (M1803314)
[SGH7838D]
TP
CTPL
Jul 3 2018 12:00AM
[LOW YEAP CHAN]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View <div>View in Browser</div>		
Video									1 per page		<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)							Thumbnail	Print	
1	05/07/18 15:17	Video - Accident From:SC - Reg. No: SGH7838D, Claimant: LOW YEAP CHAN							Load AVI		
2	05/07/18 15:17	Video - Accident From:SC - Reg. No: SGH7838D, Claimant: LOW YEAP CHAN							Load AVI		
Assessment Reports									1 per page		<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)							Thumbnail	Print	
1	04/07/18 12:18	Repairer Estimates							Load HTM		
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)							Thumbnail	Print	
1	05/07/18 15:17	Accident Statement From:SC - Reg. No: SGH7838D, Claimant: LOW YEAP CHAN							Load HTM		
Photos/Images									3 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)							Thumbnail	Print	
1	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
2	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
3	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
4	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
5	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
6	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
7	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
8	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
9	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
10	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
11	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
12	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
13	10/07/18 12:58	General View							Load JPG	<input checked="" type="checkbox"/>	
Documentation									1 per page		<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)							Thumbnail	Print	
1	18/07/18 12:11	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee							Load PDF		
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)							Thumbnail	Print	
1	04/07/18 12:19	E-filed GIA report							Load PDF		
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)							Thumbnail	Print	
1	05/07/18 15:15	LKK NOTIFICATION TO SURVEY CDGE-ASSIGN							Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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Show Remarks To:

☐ Repairer

☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/TMI18012243/NVBE2

Date: 19/07/2018

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MT102195

Claimant Vehicle No : SHA7159E

Insured Vehicle No : SGH7838D

Date of Loss: 03/07/2018

Nature of Claim: TP Claim No: M1803314

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA7159E

Make & Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4FDDU376974

Reg. Date: 28/05/2014 (Man. Year: 2014)

Chassis No: KMHLB41UMEU053903

Colour: Blue

Odometer: 566151 km

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: Average

CONDITION OF TYRES

Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16
 Front Left Side: Maxxis 5 mm Rear Left Side: Maxxis 5 mm
 Front Right Side: Maxxis 5 mm Rear Right Side: Maxxis 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,750.78	730.48	1,020.30	58.28
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	780.00	440.00	340.00	43.59
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,540.78	1,180.48	1,360.30	53.54
Approved Total (Overridden) (S\$)		950.00		
(S\$)	2,540.78	950.00	1,590.78	62.61
+ GST 7.00/7.00% (S\$)	177.85	66.50	111.35	62.61
Nett Amount (S\$)	2,718.63	1,016.50	1,702.13	62.61

INSPECTION

Date of Assignment: 05/07/2018 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)
 Date Inspected: 04/07/2018 Inspected At: 59 Loyang Drive Singapore 508969
 Estimated Period of Repair: 2.0 days

Adjuster: Muhammad Nazril Bin Abdullah

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 19 Jul 2018)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHA7159E)	
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 ASSY	Dented	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	180.00 FL	*- FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	180.00 FL	*- FL
5	1		*REAR BUMPER SIDE BRACKET RH	Serviceable	49.00 FL	*- FL
6	1		*REAR BUMPER SIDE BRACKET LH	Serviceable	49.00 FL	*- FL
7	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
8	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
9	1		*REAR BUMPER UNDER COVER	Scratched	225.00 FL	*225.00 FL
10	1		*REVERSE SENSOR	Serviceable	135.70 F	*- F
11	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,142.05	900.60
- List Item Discount on L Items 20.00/20.00% (S\$)	391.27	170.12
Total Parts (S\$)	1,750.78	730.48

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
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
Labour Items				
1	PANEL BEATING	New	380.00	200.00
2	SPRAYPAINT	New	250.00	200.00
3	WIRING	New	50.00	20.00
4	REMOVE/REFIX REVERSE SENSOR	New	100.00	20.00
Gross Labour Cost (S\$)			780.00	440.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >