

ASS. REC. BY:

REF:

CS/TMI18012421/Klvds<sup>n2</sup>

Special Instruction:

Surveyor:  
menimen

Kalvin

ASSIGNMENT (Office)

From (Person): Fiona Gan Bee Song

of TMI

Date/Time: 9/7/18 @ 9:39am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 1689G

Insured:

SLM 3677S

at Workshop in/s

Comfort Delgro (L)

Tel:

6214 8300

of

59 Layong Drive

Policy No:

MU003920

Claim No:

M1803368

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06/07/2018

CA / REV / REP. / REV 24 HRS

1up/

H.O.D. Endorsement:

Date/Time:

11:25am @ 9/7/18

Person Contacted:

Fauzy

Vehicle:

IN OUT

Date/Time

Action/Instruction

(✓) Estimate

SHA 1689G - NS/INC16010170/Gvbd1

DOA: 30/05/2016

SLM 3677S - x:

08/11/13

REF:

Surveyor: Kalvin

## 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: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

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: \_\_\_\_\_ 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 16896 Yr Regn: 29 Dec 2016

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

Truck / Trailer or

Make: Hyundai Ix0 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 203612 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 1CMHCBX16M44097681

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Har/Kate

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 6/7/18 D.O.I. 9/7/18Survey held at CHE (Loyang)

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

N/S Rear

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

Date / Time	Action / Instruction
12/7/18	Contract P/P \$1260.56 / 2 Pp. (Red 1050.14, 45) To Kin P/P

RECEIVED: 2 JUL 2018

Date/Time, File Pass to? ☐ : Prell. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 12/7 - typistReport Format: merimenLump Sum / I.B.I: (\$) 1260.56Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

Photos

Others

TOTAL

250
10
260

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Jul 2018 <a href="#">Sendback Est</a>	07 Jul 2018 12:28 <b>S\$2,310.70</b>	09 Jul 2018 09:39 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

Insured:	TAM CHAN MUN, ID: S7589357D		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA1689G	Date of Loss:	06/07/2018 22:00 - :59 [18 Months and 7 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1803368	Policy/Cover Note No.:	MU003920 (Comprehensive) Coverage: 28/03/2017 - 27/03/2019
Vehicle Reg. No. (Insured):	SLM3677S	Policy No. (Claimant):	D-18088936MFSH
		Excess:	S\$600.00
Repairster:	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 Fiona Gan Bee Song - 65926378]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 18/07/2018]		
Driver/Custodian (Insured):	UNKNOWN (17), NRIC: S7589357D		
Adj Asg. Remarks:	PLEASE NOTE INSURED HAS NOT REPORTED THE ACCIDENT.		

### 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.									

## 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	07/07/2018 09:51
Date Of Accident	06/07/2018 22:50
Exact Location Of Accident	BUANGKOK GREEN TWDS YIO CHU KANG .
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1689G
<b>Insured/Policyholder</b>	
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	HO POH SENG
NRIC No	S1295391G
Date Of Birth	02/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1978
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98318122
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 424 HOUGANG AVENUE 6 #03-72
Postcode	530424
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?	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

REFER ATTACHED \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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	SLM3677S
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAM CHANMUN
NRIC/Passport Number	S7589357D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

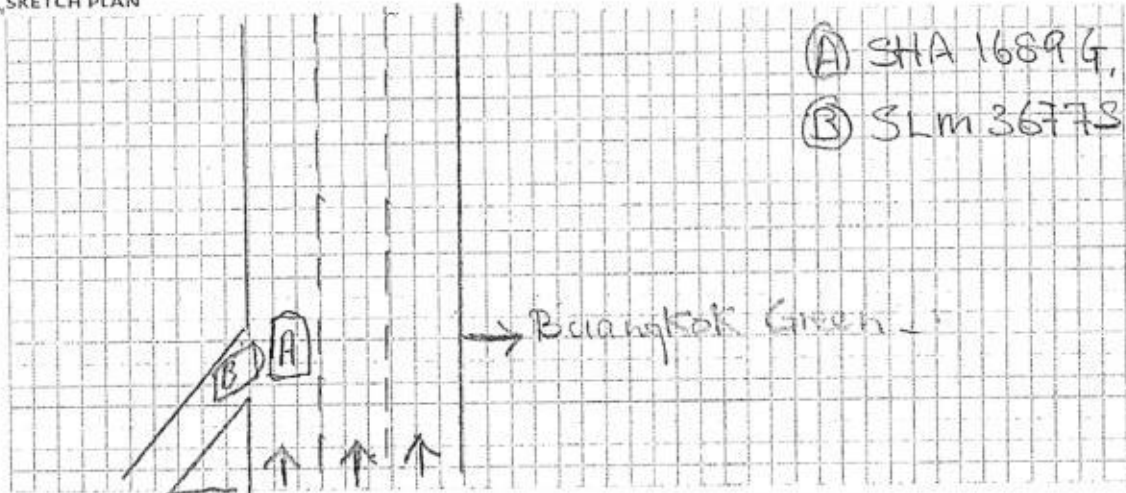
7/7/18  
Jackson Hong  
CSO

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/7/2018 at about 2251 hrs, I vehicle A was driving along Bangkok Green on the extreme left lane. Suddenly vehicle B dash out from a slip road and collided onto vehicle A rear portion.

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:

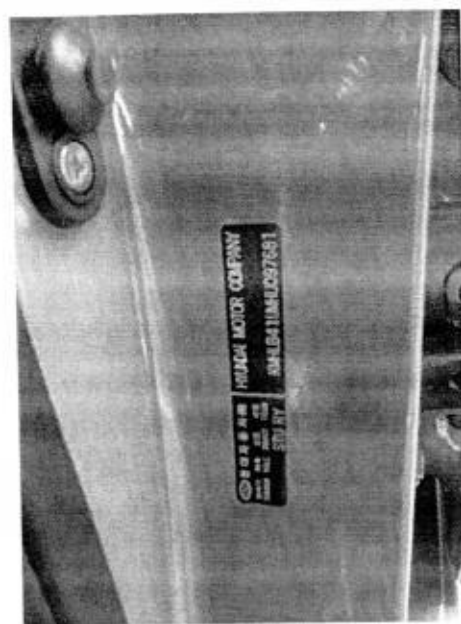
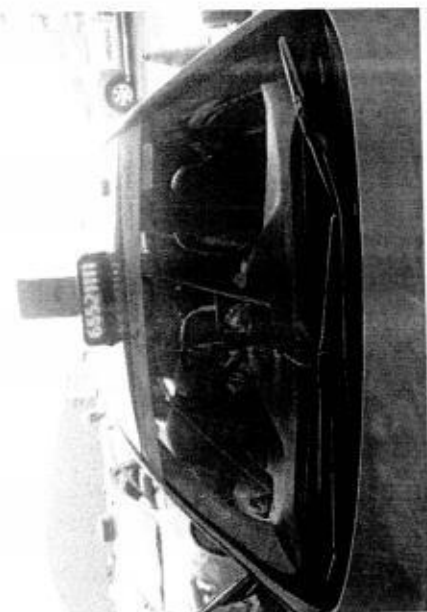
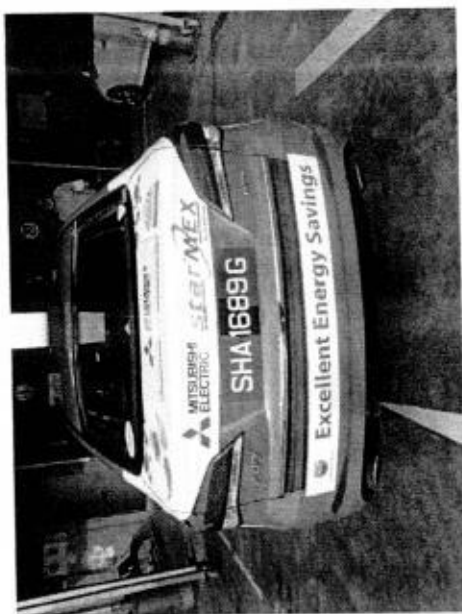
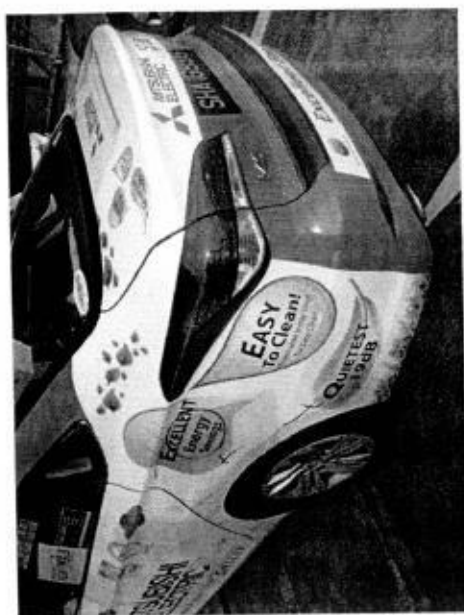
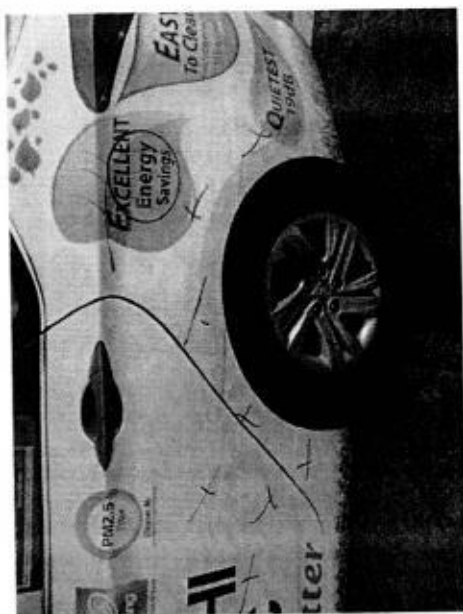
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

7/7/18  
Jackson Hong Jackson  
CSO







Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order: 3837833

JC NO.: 305184618

CUSTOMER

MS

CUSTOMER NO.

ADDRESS

(R)

(P)

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.

SHA1689G

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN 07.07.2018 08:40

YR OF MANU.

29.12.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097681

COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 06.07.2018

NATURE: 3P 06.07.18/B

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

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHA1689G

FZ T/MARIME

Vehicle No.:

SHA1689G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

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)  
COMFORT TRANSPORTATION PTE LTD

Singapore

*T-MARINE / LKK*

Claimant Insurer: MS First Capital Insurance Ltd

### PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	06/07/2018
Vehicle Reg. No.:	SHA1689G	Driveable?	NO
Party At Fault:	UNKNOWN		
Driver (TP):	HO POH SENG		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	29/12/2016
Vehicle Colour:	BLUE	Gen Condition:	FAIR
Engine No:	D4FDGU699775	Chassis No:	KMHLB41UMHU097681
Odometer:	300000 KM		
Paint Type:			
Nett Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	6		
Description of Accident/Loss	REFER ATTACHED		
	* TYPE OF ACCIDENT :- HEAD TO SIDE		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	580.70
Miscellaneous Items	10.00
Labour	1,720.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,310.70
+ GST 7.00% (S\$)	161.75
Nett Amount (S\$)	2,472.45

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 07 Jul 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/SHA1689G/07/07/2018 12:28**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 WHEEL HUP-CAP <i>hatched</i>	0.00	0.00	*150.70 F
2	1		*REAR BUMPER ADVERTISEMENT LOGO <i>add</i>	0	0.00	*50.00 FS
3	1		*REAR BUMPER RUBBER MAT <i>X</i>	0	0.00	*100.00 FS
4	1		*REAR FENDERADVERTISEMENT LOGO LH <i>add</i>	0	0.00	*100.00 FS
5	1		*REAR DOOR ADVERTISEMENT LOGO LH <i>add</i>	0	0.00	*100.00 FS
6	1		*REAR DOOR COMFORTDELGRO & APPS STICKER LH <i>add</i>	0	0.00	*80.00 FS

F=Franchise part. S=SpcNett.

Total Parts (S\$) **580.70**

ComfortDelGro Engineering Pte Ltd/SHA1689G/07/07/2018 12:28. 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	<del>600.00</del> 200
2	SPRAY PAINTING CHARGE	New	<del>1,000.00</del> 600
3	REAR WHHEL ALIGNMENT	New	<del>120.00</del> 117
Gross Labour Cost (\$\$)			1,720.00

ComfortDelGro Engineering Pte Ltd/SHA1689G/07/07/2018 12:28. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvin LKK

9/7/18 11:20h

2 Dg

P/P

After repair 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 resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.07.2018

Time: 16:19:49

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 : 305184618  
REGN NO : SHA1689G  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.12.2016  
DATE/TIME IN : 07.07.2018 08:40  
ACCIDENT DATE : 06.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56
0002 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00	2.00-	80.00

SUB-TOTAL : 200.56

JOB NATURE

0000 20-05	RENEW ADVERTISMENT REAR BUMPER				50.00
0001 20-05	RENEW ADVERTISMENT REAR FENDER LH				100.00
0002 20-05	RENEW ADVERTISMENT REAR DOOR LH				100.00
0003 L	MERIMEN FEE	10.00			
0004 L	PANEL BEATING		200.00		
0005 L	SPRAY PAINTING CHARGE		600.00		

SUB-TOTAL : 1,060.00

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 11.07.2018

Time: 16:19:49

Page: 2

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

JOB NO : 305184618  
REGN NO : SHA1689G  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.12.2016  
DATE/TIME IN : 07.07.2018 08:40  
ACCIDENT DATE : 06.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,260.56

MVA NAME & SIGNATURE  
DATE:

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE:



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305184618  
Date : 11.07.2018

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA1689G

Fax :

Date of Accident : 06.07.2018

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


1. The repair job shall bill to: TOKIO MARINE --- SLM3677S
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$200.56
  - (b) Labour Charges \$1,060.00
  - Total for Part-By-Part Repair Cost \$1,260.56
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$0.00  
Final Lumpsum Repair cost \$0.00


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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 12/7/18

### 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:

## 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: CS/TMI18012421/K1VD3N2

Date: 13/07/2018

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU003920
Claimant	SHA1689G	Insured Vehicle No :	SLM3677S
Vehicle No :		Nature of Claim:	TP
Date of Loss:	06/07/2018	Claim No:	M1803368

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHA1689G	Engine No:	D4FDGU699775
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMHU097681
Reg. Date:	29/12/2016 (Man. Year: 2016)	Odometer:	203612 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:	Fair	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

## CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	580.70	450.56	130.14	22.41
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,720.00	800.00	920.00	53.49
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,310.70</b>	<b>1,260.56</b>	<b>1,050.14</b>	<b>45.45</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>161.75</b>	<b>88.24</b>	<b>73.51</b>	<b>45.45</b>
<b>Nett Amount (S\$)</b>	<b>2,472.45</b>	<b>1,348.80</b>	<b>1,123.65</b>	<b>45.45</b>

## INSPECTION

Date of Assignment:	09/07/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	09/07/2018	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: 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

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 13 Jul 2018)
<b>Parts:</b>	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHA1689G)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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 WHEEL HUP-CAP	Grazed	150.70 F	*150.70 FL
2	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
3	1		*REAR BUMPER RUBBER MAT	Not Necessary	100.00 FS	*- FS
4	1		*REAR FENDERADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS
5	1		*REAR DOOR ADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS
6	1		*REAR DOOR COMFORTDELGRO & APPS STICKER LH	Necessary	80.00 FS	*80.00 FS

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

<b>Sub Total (\$\$)</b>	<b>580.70</b>	<b>480.70</b>
<b>- List Item Discount on L Items 0.00/20.00% (\$\$)</b>	<b>0.00</b>	<b>30.14</b>
<b>Total Parts (\$\$)</b>	<b>580.70</b>	<b>450.56</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	600.00	200.00
2	SPRAY PAINTING CHARGE	New	1,000.00	600.00
3	REAR WHHEL ALIGNMENT	New	120.00	-
Gross Labour Cost (S\$)			1,720.00	800.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;