

(08/11/13)

Surveyor: Kelvin

REF:

CC3/TM18013088/KHbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLP 9505A

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: SHC 8670C Yr Regn: 7 Jan, 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T₀ / Prime Mover /

Truck / Trailer or

Make: Hyundai Z4 c.c. 1685Colour: Blue A/C: Ins₀ / Std / NI / NASp. Reading: 372849 T/Radio: Ins₀ / Std / NI / NA

Eng/No: _____

C/No: KM HCBK14M4080102Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Campton

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 17/7/18D.O.I. 18/7/18Survey held at CDE (Loyang)

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

Ken

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

Date / Time	Action / Instruction
	SHC 8670C - NS / ZNC18003617 / KHbnz
	SLP 9505A - X
23/7/18	Advised p/p \$290 / 20%. (Red 1186.18 : 80%)
	RECEIVED 24 JUL 2018

Date/Time, File Pass to?

☐ : Prell. Report

1) 24/7 Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

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

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

Photos

Others

TOTAL

250

10

260

Report Format: TPLump Sum / I.B.I. (\$) 290

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	17/07/2018 15:00
Date Of Accident	17/07/2018 08:30
Exact Location Of Accident	HOLLAND RD TWDS N BUONA VISTA RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8670C
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	CHOW HUI LING
NRIC No	S8304250H
Date Of Birth	31/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98809887
Fax Number	
Contact Number	
Email Address	HAZECHOW@YAHOO.COM.SG

Address	101 #04-311 ALJUNIED CRESCENT
Postcode	380101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

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

SEE ATTACH.

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

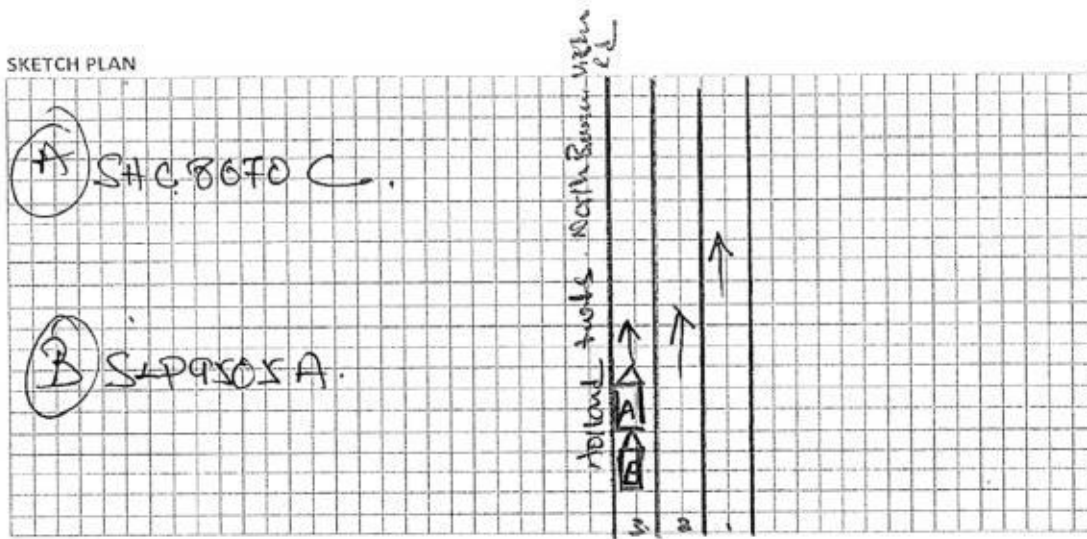
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP9505A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM EE PING LINDA DANIELLE
NRIC/Passport Number	S7317844D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 17/7/18 @ 08:30 hrs. I veh A

went on 2nd lane queueing to move.

Suddenly veh B from rear hit veh A Rear -

at the point of accident veh A ferry a

male passenger. he was OK when veh A

stopped with him.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CG REG NO. 189303821R

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name:

[Signature] 17/7.

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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

Policyholder's Signature
Date & Time:

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

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

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

LKK - kalvin

TS

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

CP(P)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/07/2018
Vehicle Reg. No.:	SHC8670C	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	07/01/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4DFDU580577	Chassis No:	KMHLB41UMGU08310
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	Amount
Parts	866.18
Miscellaneous Items	10.00
Labour	600.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,476.18
+ GST 7.00% (S\$)	103.33
Nett Amount (S\$)	1,579.51

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

C 1750

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 17 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/SHC8670C/17/07/2018 17:44

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 X <i>Mr</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER UNDER COVER X <i>Mr</i>	20.00	0.00	*225.00 FL
3	10		*REAR BUMPER CLIPS X <i>Mr</i>	20.00	0.00	*22.00 FL
4	1		*REAR BUMPER MAT X <i>Mr</i>	0.00	0.00	*50.00 F
5	1		*REVERSE SENSOR X <i>Mr</i>	0.00	0.00	*135.70 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)

1,036.30

- List Item Discount on L Items (\$\$)

170.12

Total Parts (\$\$)

866.18

ComfortDelGro Engineering Pte Ltd/SHC8670C/17/07/2018 17:44. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

TS

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	280.00 120
2	SPRAY PAINTING	New	200.00 180
3	R/I REVERSE SENSOR	New	120.00 X 14
Gross Labour Cost (S\$)			600.00

ComfortDelGro Engineering Pte Ltd/SHC8670C/17/07/2018 17:44. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kah'illy
18/7/18 1015 hrs
2 by
PIP
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

Member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 575701

Mainline - 65 6383 6286 Facsimile - 65 6280 9755

Workshops

59 Loryang Drive Singapore 508998

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 608266

320 Ubi Road 3 Singapore 408649

24 Serangoon Loop Singapore 758158

7 Sungei Kadu Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 17.07.2018 17:05

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305188977

MEMBER NO: 7010045
ISS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

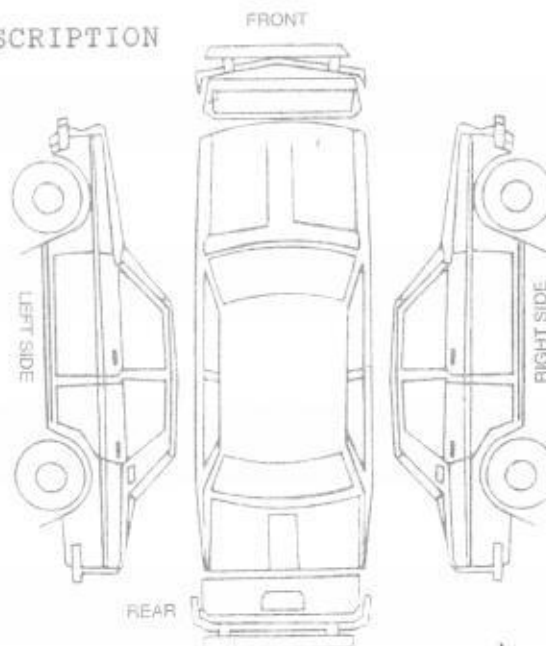
UNIT CARD NO.

REGN NO.: SHC8670C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 17.07.2018 13:35
YR OF MANU. 07.01.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU083102	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 17.07.2018
NATURE: 3P 17.07.18

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edgement Slip

Exit Pass

No.: SHC8670C

LIMITS

Vehicle No.: SHC8670C

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305188977
REGN NO : SHC8670C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.01.2016
DATE/TIME IN : 17.07.2018 13:35
ACCIDENT DATE : 17.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 20-05	TP MERIMEN	10.00
0001 L	PANEL BEATING	100.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
		SUB-TOTAL : 290.00

TOTAL : 290.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305188977
Date : 19/07/18

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHC8670C Date of Accident : 17-Jul-18

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

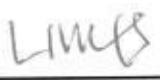
- The repair job shall bill to: TOKIO MARINE --- SLP9505A
- The finalized amount shall be:
 - Spare Parts after List discount NIL
 - Labour Charges \$290.00
 - Total for Part-By-Part Repair Cost \$290.00**
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair 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 : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 23/7/18

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI18013088/K1TBN2

Date: 30/07/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MI001630
Claimant Vehicle No :	SHC8670C	Insured Vehicle No :	SLP9505A
Date of Loss:	17/07/2018	Nature of Claim:	TP
		Claim No:	M1803558

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8670C	Engine No:	D4FDFU580577
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU083102
Reg. Date:	07/01/2016 (Man. Year: 2015)	Odometer:	372849 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	866.18	0.00	866.18	100.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	600.00	280.00	320.00	53.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	1,476.18	290.00	1,186.18	80.35
+ GST 7.00/7.00% (\$\$)	103.33	20.30	83.03	80.35
Nett Amount (\$\$)	1,579.51	310.30	1,269.21	80.35

INSPECTION

Date of Assignment:	18/07/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	18/07/2018	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: DENISE TAY KWEE CHENG

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: 30 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 SHC8670C)	
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 UNDER COVER	Serviceable	225.00 FL	*-FL
3	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*-FL
4	1		*REAR BUMPER MAT	Not Necessary	50.00 F	*-FS
5	1		*REVERSE SENSOR	Serviceable	135.70 F	*-FS
						F=Franchise part. S=SpcNett. L=ListItemDisc.
Sub Total (S\$)					1,036.30	0.00
- List Item Discount on L Items 20.00/20.00% (S\$)					170.12	0.00
Total Parts (S\$)					866.18	0.00

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	280.00	100.00
2	SPRAY PAINTING	New	200.00	180.00
3	R/I REVERSE SENSOR	New	120.00	-
Gross Labour Cost (S\$)			600.00	280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >