

(P8/11/13)

Surveyor: Kavin
Mahin

REF:

CL3 / TML 8014217 / Klsbz

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: SV 2912X

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 40635 Yr Regn: 12 May 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra c.c. 1600Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 26644 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB414444 088713

Gen. 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 Campan

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 2/2/18 D.O.I. 3/2/18Survey held at CDHE (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
	SHA 40635 - NS / ENC / 8010415 / Klsbz
	SV 2912X - NA / TML 8014114 / 13
6/8/18	(Arrive) P/P \$310 / 2 hrs.
	(\$2,210.78 Red - 88%)
	RECEIVED 16 AUG 2018

Date/Time, File Pass to?

11/08/18

1) Typist

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I.: (\$ 310.00 P/P)Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

250

10

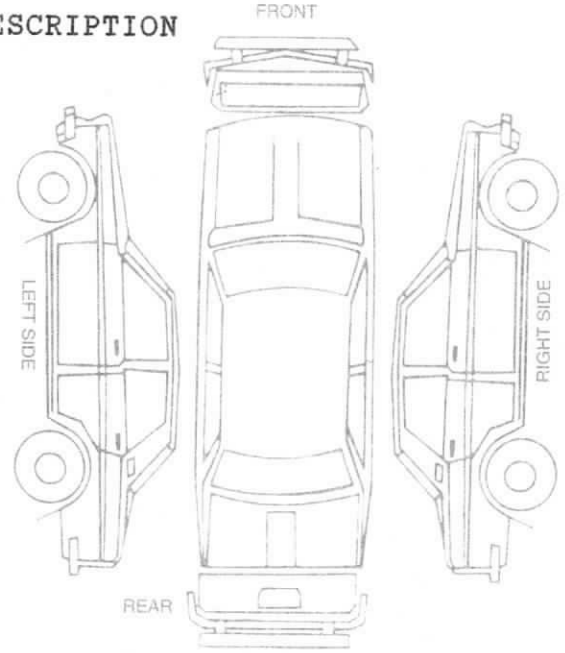
260

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305195720
FORMER	REGN NO.: SHA4063S	MILEAGE	
AS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
FORMER NO. 7010045	MODEL I-40	DATE/TIME IN	03.08.2018 11:10
RESS 383 SIN MING DRIVE	YR OF MANU. 12.05.2016	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU088713	COMPLETION DATE/TIME:	
65508755 (R) (P) (O)			
OUNT CARD NO.			

Zskio Marine

Accident Date: 02.08.2018
NATURE: 3P 02.08.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

KED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
SHA4063S	LKE	SHA4063S	
edgement Slip		Exit Pass	
Io.:		Vehicle No.:	
Service Advisor	Signature/Date	Name of Service Advisor	Date
urned to Service Reception upon collection		To be kept by Security Guard	

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	03/08/2018 12:03
Date Of Accident	02/08/2018 17:30
Exact Location Of Accident	SLE(CITY) B4 MANDAI/SEMBAWANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4063S
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	SURESH KUMAR S/O BATUMALAI
NRIC No	S7603904F
Date Of Birth	02/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85693936
Fax Number	
Contact Number	
EMail Address	BSKUMAR02@YAHOO.COM

Address	BLK 626 CHOA CHU KANG STREET 62 #02-184
Postcode	680626
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180802/2175

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	SJV2912X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LEONG WENG CHOY
NRIC/Passport Number	S2645808J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFJ6890J
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO GEOK SENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SURESH KUMAR S/O BATUMALAI
Approximate Age	
Injuries Sustain	NECK AND BACK SPRAIN
Injured person in which vehicle?	SHA4063S
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. 100200024R

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

Refer Attachment

A) SHA40635
B) SJV29122
C) SFF6890J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - TPO 180802/2175

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.:



**SINGAPORE
POLICE FORCE**



T/20180802/2175

1 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180802/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2018 21:08	Vide Report No.:	Station Diary No.: 27
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SURESH KUMAR S/O BATUMALAI			Address: APT BLK 626 CHOA CHU KANG STREET 62 #02-184 SINGAPORE 680626		
ID Type / ID No.: NRIC NO / S7603904F			Contact No.: Home/Office: Mobile: 85693936		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 02/02/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2018 17:30	Type of Location: EXPRESSWAY
Location: Along Road 1 SELETAR EXPRESSWAY				
ALONG SLE TOWARDS LENTOR BEFORE SEMBAWANG ROAD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SFJ6890J	Car	BMW	730LI AT D/AB 4DR SR LED DSC NAV HUD	Silver	Slightly Damaged	0
SHA4063S	TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180802/2175

2 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180802/2175

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV2912X	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	Black	Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	TEO GEOK SENG			ID No.	S2508341B
Related Vehicle	SFJ6890J (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	
Passenger					
Name	PETER LANGE			ID No.	NIL
Related Vehicle	SHA4063S (TAXI)			Contact No.	96685233
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	
Driver					
Name	SURESH KUMAR S/O BATUMALAI			ID No.	S7603904F
Related Vehicle	SHA4063S (TAXI)			Contact No.	85693936
Hospital/Clinic	MEDILIFE CLINIC & SURGERY			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/08/2018		Date Discharge	02/08/2018	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	



**SINGAPORE
POLICE FORCE**



T/20180802/2175

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 4

Report No. T/20180802/2175

CONTINUATION OF REPORT

Driver			
Name	LEONG WENG CHOY		ID No. S2645808J
Related Vehicle	SVJ2912X (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
Passenger			
Name	CHRISTIAN TAN LANGE		ID No. NIL
Related Vehicle	NIL		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 02/08/2018 at about 1730hrs, I was driving my vehicle (SHA4063S) along SLE towards Lenton on Lane 1. As I was driving, the traffic in front of me slowed down. I slowed down as well and came to a complete stop. Suddenly, a vehicle (SVJ2912X) collided with my vehicle from the rear. I alighted my vehicle and discovered that I am involved in chain accident. I asked my passengers if they were alright and they informed they were okay. Then I informed my company of what happened. The other vehicle (SFJ6890J) that was involved had collided with the vehicle behind me. We took a few pictures of the accident and exchanged our particulars. We then left the scene as soon as possible as there was still traffic flowing.

My vehicle had 2 passengers however they informed that they are okay do not require medical attention. There was no police or ambulance at scene as there were no immediate medical attention required. There as no government property damaged. I was given 3 days MC due to the accident. My vehicle has a dashboard camera that was able to record the accident.



**SINGAPORE
POLICE FORCE**



T/20180802/2175

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

4 of 4

Report No. T/20180802/2175

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 3 KHAIRUL HAZWAN BIN AZMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/08/2018 21:08

Officer In Charge Of Case:
TP / APTV SINGAPORE
SSI 2 SPANISH BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168
SIGNATURE

Sketch Plan Pg. 7

A - SHA 40635

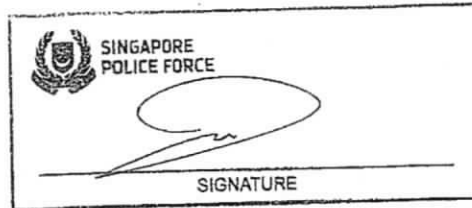
B - SJV 2912X

C - SFJ 6890J

Handwritten signature

Z/C No: 57603904F

DATE: 02/08/18



SEMPANG
EXIT



4



3
SLE

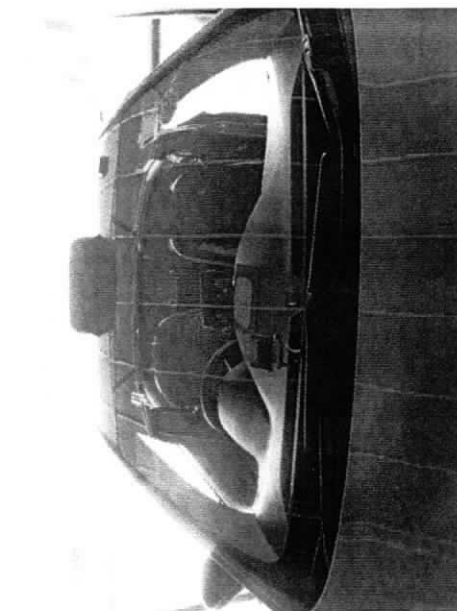
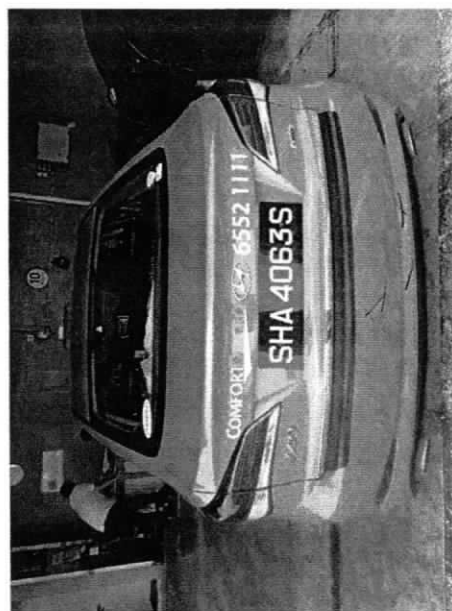
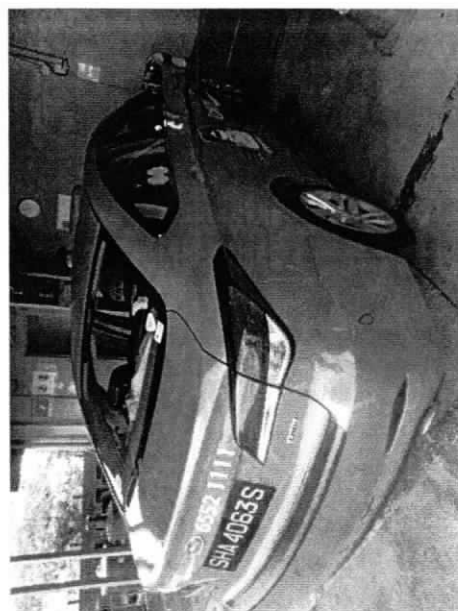
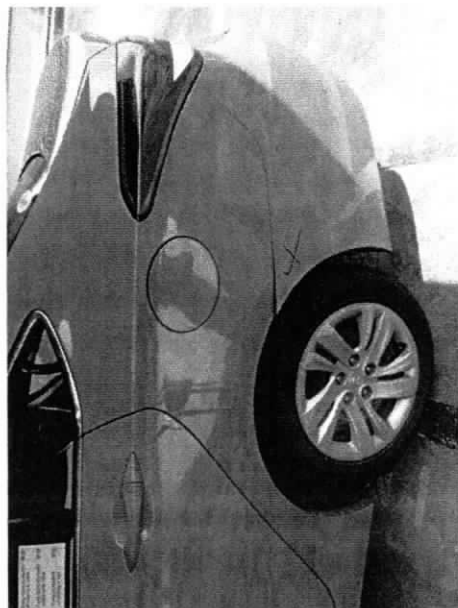
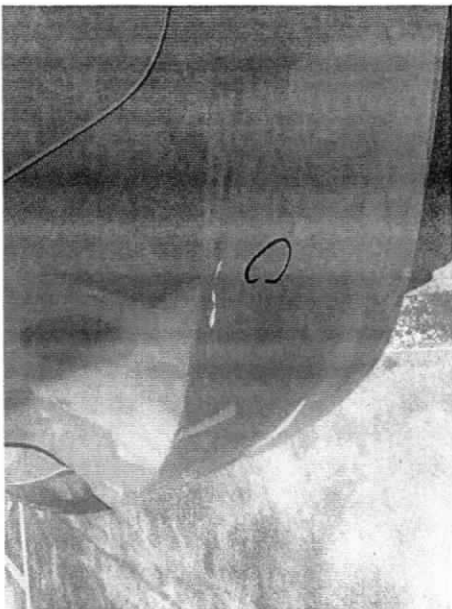
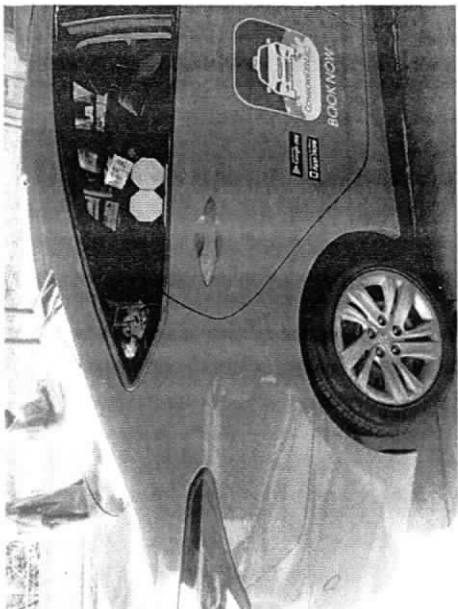


2

A ← SHA 40635
B ← SJV 2912
C ← SFJ 6890



1



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

Lee/Kalvin
Pby P
Lim Kwok Eng

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	02/08/2018
Vehicle Reg. No.:	SHA4063S	Driveable?	YES
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	12/05/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU621273	Chassis No:	KMHLB41UMGU088713
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	1,740.78
Miscellaneous Items	10.00
Labour	770.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,520.78
+ GST 7.00% (S\$)	176.45
Nett Amount (S\$)	2,697.23

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 03 Aug 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/SHA4063S/03/08/2018 14:39**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>Hyundai</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT X <i>su</i>	20.00	0.00	*504.35 FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH X <i>su</i>	20.00	0.00	*180.00 FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH X <i>su</i>	20.00	0.00	*180.00 FL
5	1		*REAR BUMPER SIDE BRACKET LH X <i>su</i>	20.00	0.00	*49.00 FL
6	1		*REAR BUMPER SIDE BRACKET RH X <i>su</i>	20.00	0.00	*49.00 FL
7	10		*REAR BUMPER CLIPS X <i>su</i>	20.00	0.00	*22.00 FL
8	1		*REAR BUMPER SPONGE X <i>su</i>	20.00	0.00	*143.40 FL
9	1		*REAR BUMPER UNDER COVER X <i>su</i>	20.00	0.00	*225.00 FL
10	1		*REAR BUMPER REVERSE SENSOR X <i>su</i>	0.00	0.00	*135.70 F
11	1		*REAR BUMPER RUBBER MAT X <i>su</i>	20.00	0.00	*50.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	2,142.05
- List Item Discount on L Items (\$\$)	401.27
Total Parts (\$\$)	1,740.78

ComfortDelGro Engineering Pte Ltd/SHA4063S/03/08/2018 14:39. 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 (\$\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	350.00 100
2	SPRAY PAINTING CHARGE	New	250.00 200
3	WIRING CHARGE	New	50.00 X 24
4	REMOVE/ REFIX REVERSE SENSOR	New	120.00 X 24
Gross Labour Cost (\$\$)			770.00

ComfortDelGro Engineering Pte Ltd/SHA4063S/03/08/2018 14:39. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kah2 LKK

3/8/8 1510h

2 B2

P/P

After Repair p/Lt

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

Our Job Ref No 305195720
Date : 04/08/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA4063S CTPL

02.08.18

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

1. The repair job shall bill to: TOKIO MARINE --- SJV2912X
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$310.00</u>
Total for Part-By-Part Repair Cost	<u>\$310.00</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>

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 KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : K9/24

Date : 6/8/18

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:

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

JOB NO : 305195720
REGN NO : SHA4063S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.05.2016
DATE/TIME IN : 03.08.2018 11:10
ACCIDENT DATE : 02.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	MERIMEN CHARGE	10.00
0001 L	PANEL BEATING	100.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 310.00

TOTAL : 310.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

...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	03 Aug 2018 14:32 Sendback Est	03 Aug 2018 14:39 S\$2,520.78	03 Aug 2018 15:48 Edit Adj Rpt	S\$310.00 Edit Estimates	S\$310.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	CTPL, Co. Reg. No.: 199303821R								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHA4063S	Date of Loss:	02/08/2018 17:00 - :59 [26 Months and 21 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1803847	Policy/Cover Note No.:	MT104694 (Comprehensive) Coverage: 19/07/2018 - 18/07/2019						
Vehicle Reg. No. (Insured):	SJV2912X	Policy No. (Claimant):							
		Excess:	S\$0.00						
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 Telma Gomez - 65926402]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 15/08/2018]								
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.									

Claim Documents

SHA4063S (M1803847)
[SJV2912X]
TP
CTPL
Aug 2 2018 5:00PM
[CTPL]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter			View <input type="button" value="View in Browser"/>	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail Print
1	03/08/18 14:39	Repairer Estimates		Load HTM
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail Print
1	03/08/18 15:49	Accident Statement From: SC - Reg. No: SJV2912X, Claimant: LEONG WENG CHOY		Load HTM
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
2	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
3	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
4	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
5	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
6	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
7	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
8	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
9	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
10	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
11	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
12	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
13	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
14	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
15	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
16	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
17	06/08/18 17:06	General View		Load JPG <input checked="" type="checkbox"/>
18	07/08/18 08:28	Reinspection Photo		Load JPG <input checked="" type="checkbox"/>
19	07/08/18 08:28	Reinspection Photo		Load JPG <input checked="" type="checkbox"/>
20	07/08/18 08:28	Reinspection Photo		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	20/08/18 15:14	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee		Load PDF
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail Print
1	03/08/18 14:43	E-filed GIA report		Load PDF
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail Print
1	23/08/18 17:00	Letter of Demand from Third Party		Load TIF

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: ☐ 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: CC/TMI18014217/K1SBE2

Date: 05/09/2018

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MT104694

Claimant Vehicle No : SHA4063S

Insured Vehicle No : SJV2912X

Date of Loss: 02/08/2018

Nature of Claim: TP

Claim No: M1803847

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA4063S

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

Reg. Date: 12/05/2016 (Man. Year: 2016)

Colour: Blue

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: D4FDGU621273

Chassis No: KMHLB41UMGU088713

Odometer: 266444 km

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	1,740.78	0.00	1,740.78	100.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	770.00	300.00	470.00	61.04
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,520.78	310.00	2,210.78	87.70
+ GST 7.00/7.00% (S\$)	176.45	21.70	154.75	87.70
Nett Amount (S\$)	2,697.23	331.70	2,365.53	87.70

INSPECTION

Date of Assignment: 03/08/2018 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 03/08/2018 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: Hiew May Fung

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: 05 Sep 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 SHA4063S)	
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	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 LH	Serviceable	49.00 FL	*- FL
6	1		*REAR BUMPER SIDE BRACKET RH	Serviceable	49.00 FL	*- FL
7	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
8	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
9	1		*REAR BUMPER UNDER COVER	Serviceable	225.00 FL	*- FL
10	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 F	*- F
11	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FL	*- FL
					Sub Total (S\$)	2,142.05
					- List Item Discount on L Items 20.00/20.00% (S\$)	401.27
					Total Parts (S\$)	1,740.78
						0.00

F=Franchise part. L=ListItemDisc.

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	350.00	100.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/ REFIX REVERSE SENSOR	New	120.00	0.00
Gross Labour Cost (S\$)			770.00	300.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >