

(00/11/13)

Surveyor: Kelvin

REF: CC3/TMI18014420/Klap3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. MV000293Claims No. M1803918

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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC3586X Yr Regn: 26 Feb, 13Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~8~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Santa cc 1991Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 749474 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HET41VMDA83353X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or WentokFront 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 7/1/8 D.O.I. 7/1/8Survey held at CHE (Layang)

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

10/8/18 Continued C/S \$900/24hrs. (Ked B 114632, 56%) Tokio* DAMAGES consistent to Accident Report. 4s.

RECEIVED 14 AUG 2018

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

Date/Time, File Return to?

2) _____

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

Report Format: MAR-7PLump Sum / I.B.I: (\$ 900)

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	07/08/2018 11:46
Date Of Accident	07/08/2018 09:00
Exact Location Of Accident	TG KLING RD X SHIPYARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3586X
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	SONATA
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	ABDUL KADIR BIN AB RASHID
NRIC No	S0216955Z
Date Of Birth	13/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1981
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94347872
Fax Number	
Contact Number	
EMail Address	AK_BAR96@YAHOO.COM

Address	267 #03-204 BUKIT BATOK EAST AVENUE 4
Postcode	650267
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)

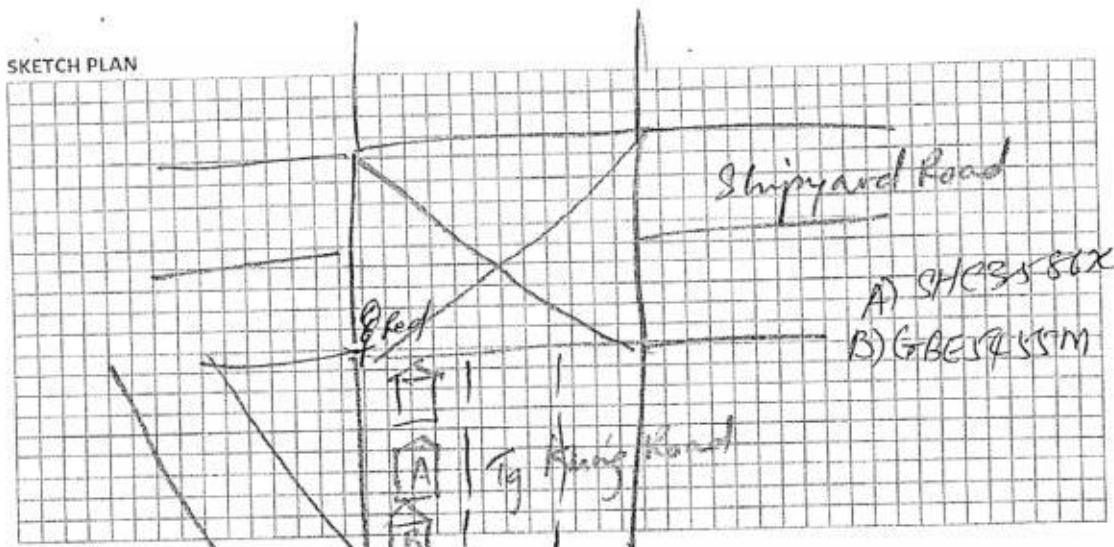
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5455M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/8/18 at about 0900hrs while I Veh A was stationary waiting behind other vehicles before the junction, Veh B collided on the ^{right} rear portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199313821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

[Signature]
CSO 7/8/18

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:

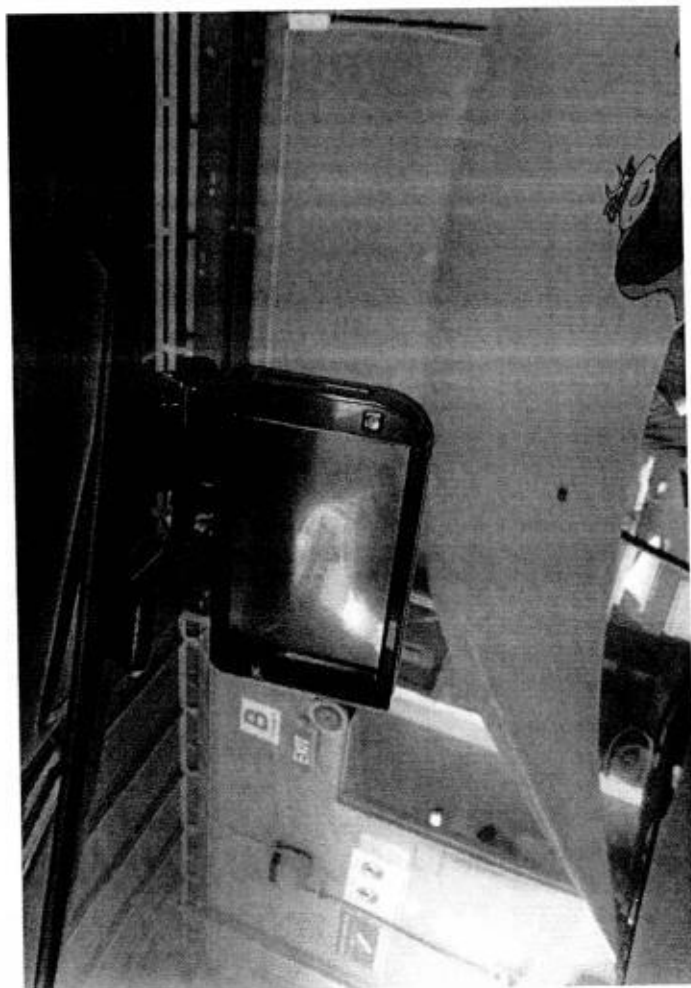
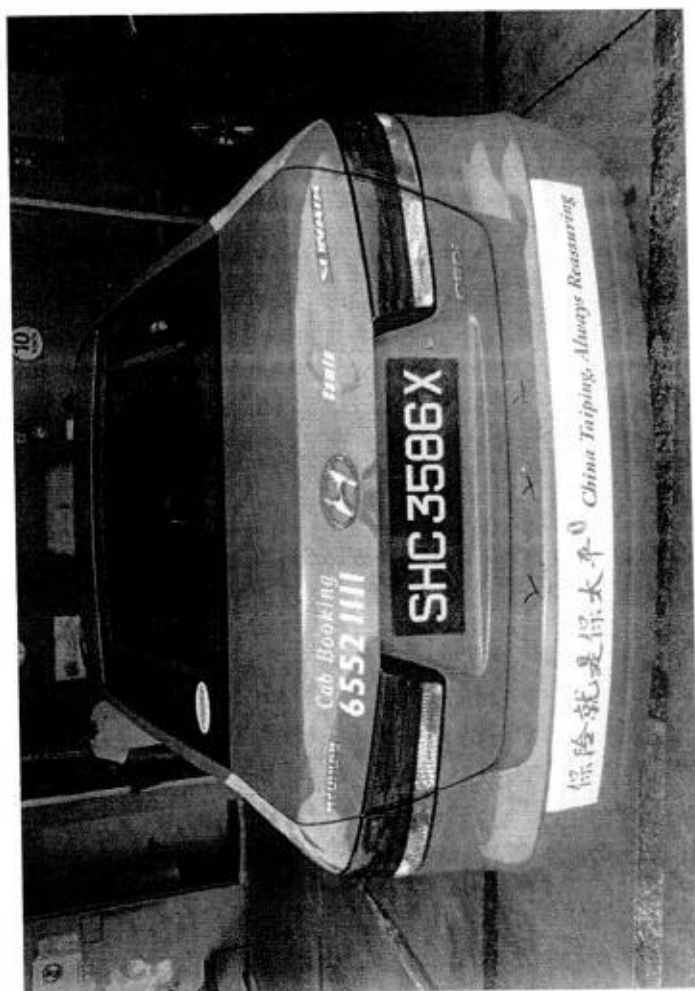
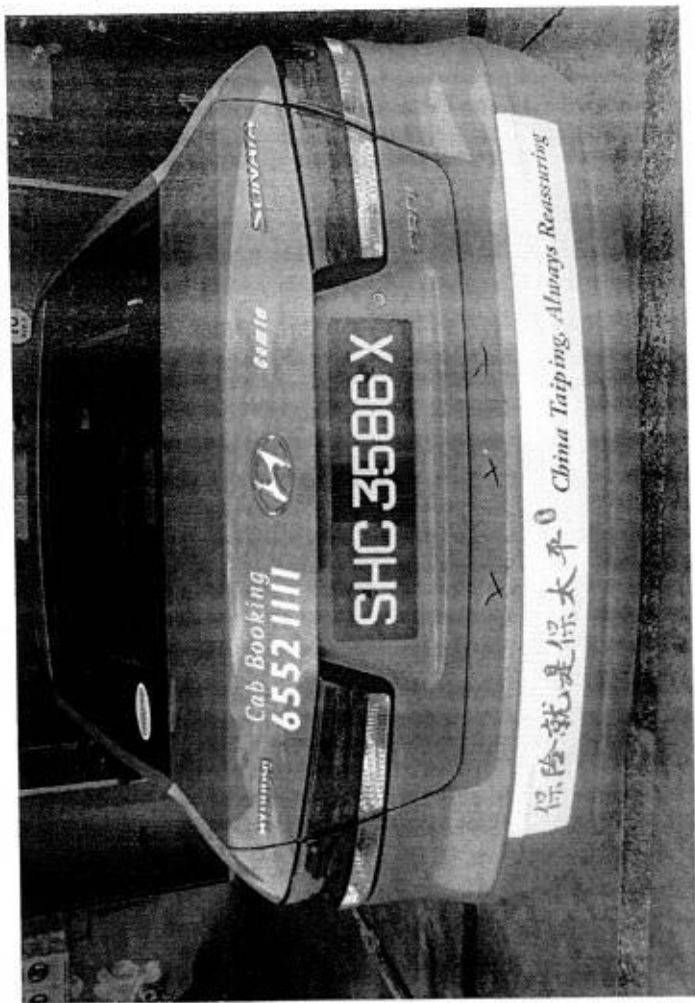
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

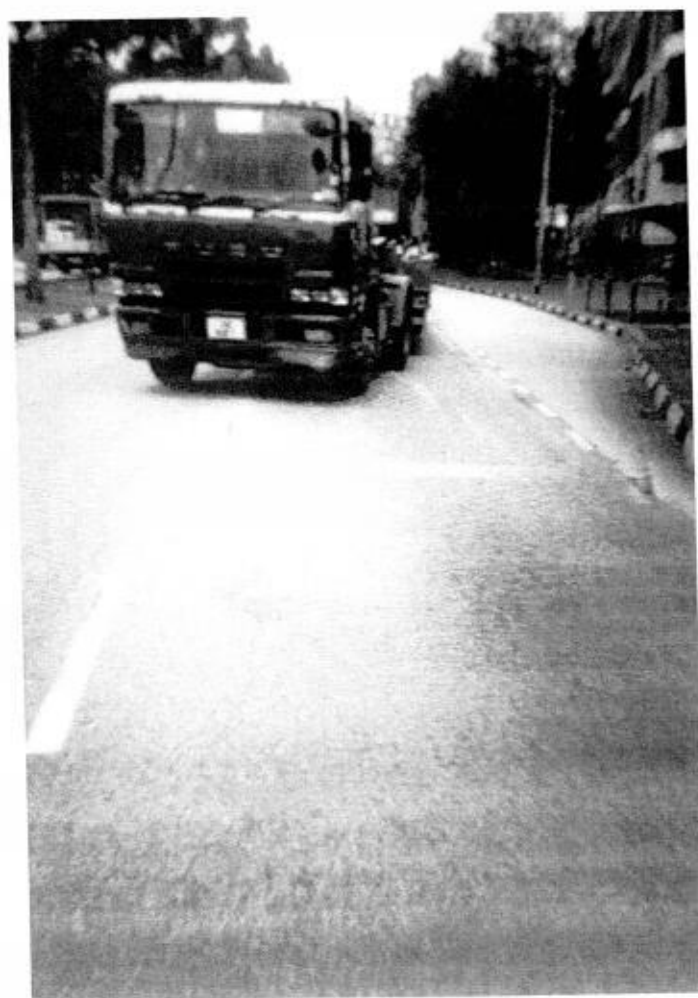
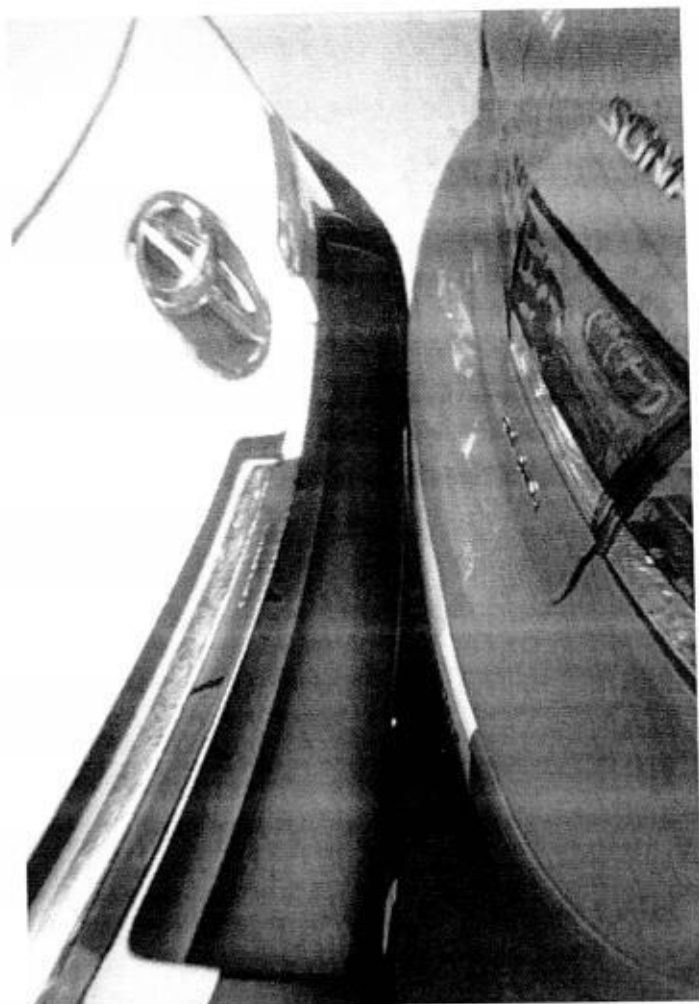
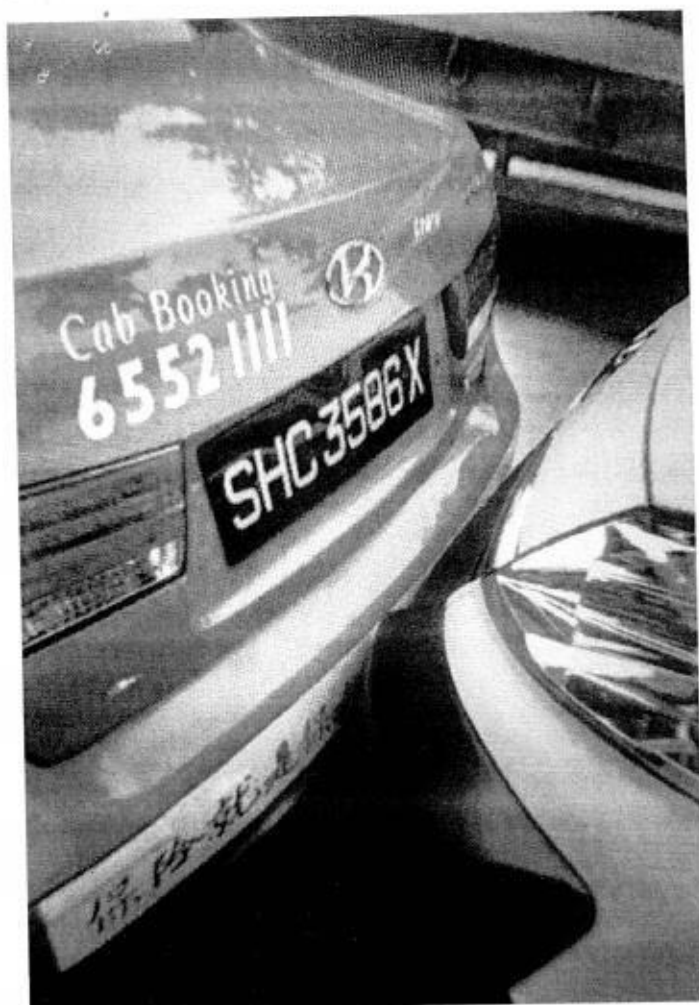
COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303221R

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.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3586X

DATE 7/8/2018 14:40

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Reinforced</i>			\$ 578.40	
	Rear Bumper Reinforcement <i>yes</i>			\$ 483.30	
	Rear Bumper Clip <i>yes</i>			\$ 22.00	
	Rear Bumper Sponge <i>yes</i>			\$ 137.40	
	Rear Bumper Under Cover <i>yes</i>			\$ 185.80	
	Rear Bumper Protector (LH/RH) <i>yes</i>		\$ 38.00	\$ 76.00	
	SUB TOTAL			\$ 1,482.90	
	LESS 20%			\$ 296.58	
	DISCOUNTED TOTAL			\$ 1,186.32	
	<i>Mermin fee \$10-</i>				
	Rear Bumper Advertisement Logo <i>yes</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>yes</i>		\$ 100.00	\$ 200.00	Nett
				\$ 250.00	
	Labour Charge				
	Panel Beating			\$ 350.00 <i>200</i>	
	Spray Painting Charge			\$ 250.00 <i>200</i>	
	TOTAL LABOUR			\$ 600.00	
	ESTIMATE TOTAL			\$ 2,036.32	

Kalin (LKK)

7/8/18 1530 L.

2 hrs.

L/S

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 road works or surveying
- Supplementary to motor insurance policy and is subject to the terms and conditions of the insurance company

Acknowledged by Repairer
Signature:
Date:

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

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	07/08/2018
Vehicle Reg. No.:	SHC3586X	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI SONATA, 2.0 CRDI (A)	Vehicle Reg. Date:	26/02/2013
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4EAC263304	Chassis No:	KMHET41VMDA833534
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	1,436.32
Miscellaneous Items	10.00
Labour	600.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,046.32
+ GST 7.00% (S\$)	143.24
Nett Amount (S\$)	2,189.56

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: 07 Aug 2018)**Parts:** 143 HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC3586X/07/08/2018 17:23**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER	20.00	0.00	DE *578.40 FL ✓
2	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*483.30 FL X SVC
3	10		*REAR BUMPER CLIP	20.00	0.00	REC *22.00 FL
4	1		*REAR BUMPER SPONGE	20.00	0.00	*137.40 FL X SVC
5	1		*REAR BUMPER UNDER COVER	20.00	0.00	*185.80 FL X SVC
6	1		*REAR BUMPER PROTECTOR LH	20.00	0.00	*38.00 FL X SVC
7	1		*REAR BUMPER PROTECTOR RH	20.00	0.00	*38.00 FL X SVC
8	1		*REAR BUMPER ADVERTISEMENT LOGO	0.00	0.00	REC *50.00 F
9	1		*REAR FENDER ADVERTISEMENT LOGO LH	0.00	0.00	REC *100.00 F
10	1		*REAR FENDER ADVERTISEMENT LOGO RH	0.00	0.00	REC *100.00 F

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	1,732.90
- List Item Discount on L Items (S\$)	296.58
Total Parts (S\$)	1,436.32

ComfortDelGro Engineering Pte Ltd/SHC3586X/07/08/2018 17:23. 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 (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	200 350.00
2	SPRAY PAINTING CHARGE	New	200 250.00
Gross Labour Cost (S\$)			600.00

ComfortDelGro Engineering Pte Ltd/SHC3586X/07/08/2018 17:23. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >



Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305197227

OMER:	REGN NO.: SHC3586X	MILEAGE
IS: COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045		E 1/2 F
OMER NO. 383 SIN MING DRIVE	MODEL: SONATA	DATE/TIME IN 07.08.2018 10:50
LESS Singapore SINGAPORE 575717	YR OF MANU. 26.02.2013	TARGET DATE
(R) 65508755	CHASSIS CODE KMHET41VMDA833534	COMPLETION DATE/TIME:
(P)		

Tokio Marine

JUNT CARD NO. JOB DESCRIPTION

Accident Date: 07.08.2018
NATURE: 3P 07.08.2018

S/NO	LABOR CODE	DESCRIPTION

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR: CUSTOMER'S SIGNATURE

Delivery Slip

No.: SHC3586X LKE

Signature/Date: *[Signature]*

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3586X

Name of Service Advisor: _____ Date: _____

To be kept by Security Guard

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/TMI18014420/K1QD3N2

Date: 15/08/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MV000293
Claimant Vehicle No :	SHC3586X	Insured Vehicle No :	GBE5455M
Date of Loss:	07/08/2018	Nature of Claim:	TP
		Claim No:	M1803918

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC3586X	Engine No:	D4EAC263304
Make & Model:	HYUNDAI SONATA, 2.0 CRDI (A)	Chassis No:	KMHET41VMDA833534
Reg. Date:	26/02/2013 (Man. Year: 2013)	Odometer:	749474 km
Colour:	Blue		
Engine Capacity:	1991 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:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,436.32	730.32	706.00	49.15
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	600.00	400.00	200.00	33.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	2,046.32	1,140.32	906.00	44.27
Approved Total (Overridden) (\$\$)		900.00		
(\$\$)	2,046.32	900.00	1,146.32	56.02
+ GST 7.00/7.00% (\$\$)	143.24	63.00	80.24	56.02
Nett Amount (\$\$)	2,189.56	963.00	1,226.56	56.02

INSPECTION

Date of Assignment:	08/08/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	07/08/2018	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: SHIAU CHAN

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

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 15 Aug 2018)
Parts:	143	HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC3586X)	
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	Deformed	578.40 FL	*578.40 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	483.30 FL	*- FL
3	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
4	1		*REAR BUMPER SPONGE	Serviceable	137.40 FL	*- FL
5	1		*REAR BUMPER UNDER COVER	Serviceable	185.80 FL	*- FL
6	1		*REAR BUMPER PROTECTOR LH	Serviceable	38.00 FL	*- FL
7	1		*REAR BUMPER PROTECTOR RH	Serviceable	38.00 FL	*- FL
8	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
9	1		*REAR FENDER ADVERTISEMENT LOGO LH	Necessary	100.00 F	*100.00 FS
10	1		*REAR FENDER ADVERTISEMENT LOGO RH	Necessary	100.00 F	*100.00 FS

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

Sub Total (S\$)	1,732.90	850.40
- List Item Discount on L Items 20.00/20.00% (S\$)	296.58	120.08
Total Parts (S\$)	1,436.32	730.32

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	350.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
Gross Labour Cost (S\$)			600.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >