

ASS. REC. BY:

REF: CS/MSG18014440/Kqd3ez

Special Instruction:

Survivor: Kalvin  
Menmen

ASSIGNMENT (Office)

From (Person): Chhia Nyuk Pui of MSG

Date/Time: 8/1/18 @ 3:44pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SHD 4692K

Insured: SGG 5905L

at Workshop m/s Comfort Delgro

Tel: 6214 8355

of 59 Loyang Drive

Policy No: A29078795QMX

Claim No: 566698

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_

(Client's Record)

D.O.A. 6/8/2018

CA / REV / REP. / REV 24 HRS <sup>'up'</sup>

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 3:47pm @ 8/1/18

Person Contacted: Mr Jim

Vehicle  IN /  OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 4692K - CCA / III 17007002 / Shb3g2 DOA: 25/3/2017
	SGG 5905L - X
10/3/18	Revert via menmen. via preli advce.

08/11/13

Surveyor: Kevin

REF:

### 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: 2 days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHD 4692K Yr Regn: 21/1/2017

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

Truck / Trailer or

Make: Hyundai Santa Fe c.c. 1997

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 708303 T/Radio: Insured / Std / NI / NA

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

C/No: KMHET41VMDA834760

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: 215/60R16

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

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

TOYO / YOKO or Hankook

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

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 2 mm

D.O.A. 6/8/8 D.O.I. 8/8/8

Survey 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
<u>20/8/18</u>	<u>Submitted P/P \$360 / 2 days. Labour Only. MSZA</u>
	<u>(Red \$ 1842.02, 84%)</u>
	<u>no lump sum.</u>
	<b>RECEIVED 23 AUG 2018</b>
	<u>21/8/2018</u>

Date/Time, File Pass to?  : Prell. Report

1) 21/8/18  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	<u>150</u>
Transportation:	
\$ + RS, SI	
Photos	
Others	<u>10</u>
TOTAL	<u>160</u>

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Report Format: NER-TP

Lump Sum / I.B.I: (\$ 360)



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG18014440/K1qd3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 08-08-2018	
		Code : MSG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SGG 5905L	Veh. Inspected	SHD 4692K
Policy No.	A29078795QMX	Coverage (\$)	0.00
Claim No.	566698	Excess (\$)	0.00
Assign From	MERIMEN (CHHIA NYUK PUI)	Assign Date	08/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	06/08/2018	Inspection Date	08/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Aug 2018		08 Aug 2018 15:44 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	GAN HUA FENG STANLEY, ID: S1575442G								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHD4692K	Date of Loss:	06/08/2018 10:00 - :59 [61 Months and 4 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 566698	Policy/Cover Note No.:	A29078795QMX (Comprehensive) Coverage: 17/05/2018 - 16/05/2019						
Vehicle Reg. No. (Insured):	SGG5905L	Policy No. (Claimant):							
		Excess:							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 09/08/2018]								
Adj Asg. Remarks:	Car in. Survey by today, on WP. LIABILITY 100%. Contact: Llm Kwok Eng - 6214 8355 / 9824 0811								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

**Note: This document has not been finalised.****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

To: MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Chhia Nyuk Pui

Date: 10 Aug 2018

**Preliminary Advice**

Insured Vehicle No	: SGG5905L	Accident Date	: 06/08/2018
TP Vehicle No	: SHD4692K	Assignment Date	: 08/08/2018
Make	: HYUNDAI SONATA NF	Est. Duration of Repair	: 2.00
Date of Inspection	: 08/08/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages ..... portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,202.02
Revised Amount	:S\$	300.00
Check Items (Estimated)	:S\$	386.64
Total	:S\$	686.64

Lump Sum Repair :S\$

**Total Loss Consideration**

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

**Remarks**

- ( ) The vehicle is economical/not economical for repair.
- ( x ) The above survey was conducted on a 'without prejudice' basis.

## 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 13:40
Date Of Accident	06/08/2018 12:05
Exact Location Of Accident	ECP(CITY) NEAR LAGUNA FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4692K
<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	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	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	SAIMEN BIN ASHIK
NRIC No	S6803199J
Date Of Birth	24/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96261118
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 174 YISHUN AVENUE 7 #07-829
Postcode	760174
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	
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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 [OTHER]	KAMPONG JAVA N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180806/2136

### 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	SGG5905L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASON GAN WEI YANG

NRIC/Passport Number S6803199J  
Contact Number  
Address  
Postcode  
Insurance Company Name MSIG INSURANCE (SINGAPORE) PTE. LTD.  
Nature Of Damage REAR AND FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category NA/UNKNOWN  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage REAR AND FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category NA/UNKNOWN  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage REAR AND FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category NA/UNKNOWN  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage REAR AND FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number  
Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 6**

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	SAIMEN BIN ASHIK
Approximate Age	50
Injuries Sustain	LEFT KNEE SWELL AND BACKACHE. ON 3 DAYS MC
Injured person in which vehicle?	SHD4692K
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. 199303321R

\_\_\_\_\_  
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/20180806/2136

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

1 of 4

Report No. T/20180806/2136

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/08/2018 16:35		Vide Report No.:		Station Diary No.: 247	
<b>Informant's Particulars</b>					
Name of Informant: SAIMEN BIN ASHIK			Address: APT BLK 174 YISHUN AVENUE 7 #07-829 SINGAPORE 760174		
ID Type / ID No.: NRIC NO / S6803199J			Contact No.: Home/Office: Mobile: 96261118		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 24/02/1968	Type of Informant: Driver		
Race: Boyanesse			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/08/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY Towards city, near to Laguna flyover exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG5905L	Car				Slightly Damaged	1
SHD4692K	Car				Slightly Damaged	3

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180806/2136

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20180806/2136

## CONTINUATION OF REPORT

Driver			
Name	Jason Gan Wei Yang	ID No.	S9633138Z
Related Vehicle	SGG5905L (Car)	Contact No.	-
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	SAIMEN BIN ASHIK	ID No.	S6803199J
Related Vehicle	SHD4692K (Car)	Contact No.	96261118
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/08/2018	Date Discharge	06/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I am a taxi driver.

On 06/08/2018 at about 1015 hours, I was travelling in my taxi (SHD4692K) with 3 other passengers. While driving on the first lane along East Coast Expressway towards city, near to Laguna flyover exit, a car (SGG5905L) which was behind my vehicle tried to filter to the left.

However, the driver was unable to do so and halfway though, steer back towards my lane. As a result, the front of the vehicle collided with the side and back of my vehicle. Immediately after the impact, I have conducted a E brake.

Subsequently, I came down from my vehicle and discovered that the above mentioned vehicle had caused a chain collision involving 6 vehicles.

My passengers were alright however their child was crying.

After exchanging particulars with the other driver, I left the scene with my passengers. My taxi was subsequently towed away while I was seeking medical treatment at the hospital.

As a result of the accident, my left knee had swelled up and I had backache. I was given 3 days' medical leave by the doctor of Tan Tock Seng Hospital.

I am lodging this report for record and for insurances purposes.



**SINGAPORE  
POLICE FORCE**



T/20180806/2136

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

3 of 4

Report No. T/20180806/2136

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20180806/2136

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

4 of 4

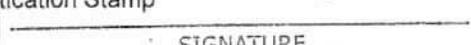
Report No. T/20180806/2136

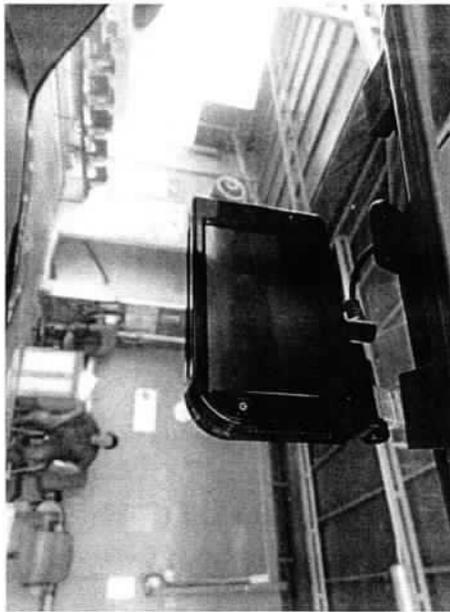
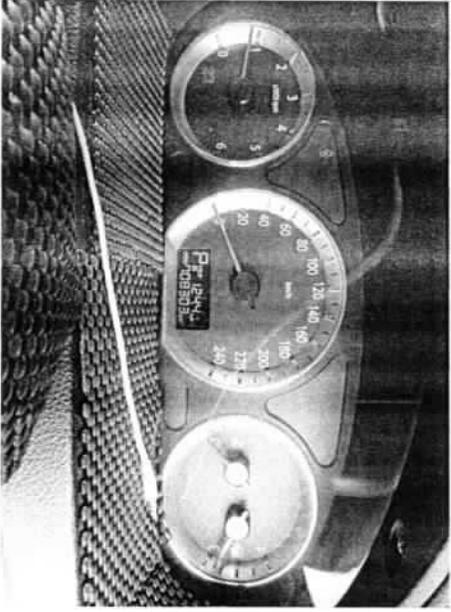
CONTINUATION OF REPORT

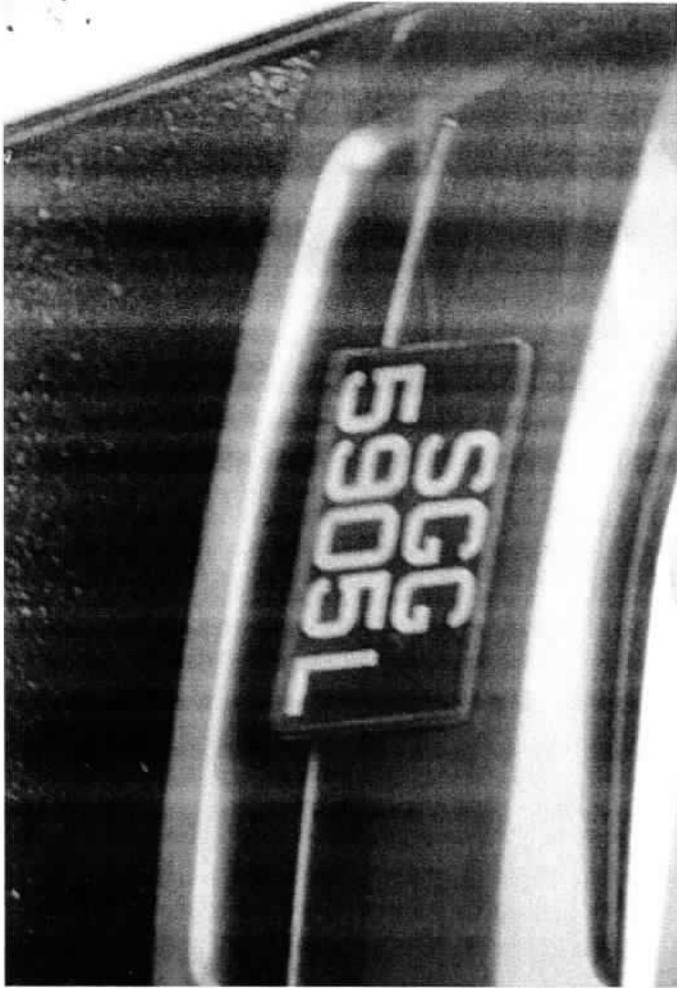
Sketch Plan

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: E / Sgt 2 CHUA CHEE PING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2018 16:35
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI SN 167 Contact No: 65476151 	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	





member of COMFORTDELGRO

Date/Time: 07.08.2018 14:56 Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order: 3846109

JC NO.: 305197257

OMER  
S  
OMER NO.  
ESS  
(R)  
(P)  
JUNT CARD NO.

**COMFORT TRANSPORTATION PTE LTD**  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)

REGN NO.: <b>SHD4692K</b>	MILEAGE
MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>SONATA</b>	DATE/TIME IN <b>06.08.2018 12:05</b>
YR OF MANU. <b>02.07.2013</b>	TARGET DATE
CHASSIS CODE <b>KMHET41VMDA834760</b>	COMPLETION DATE/TIME:

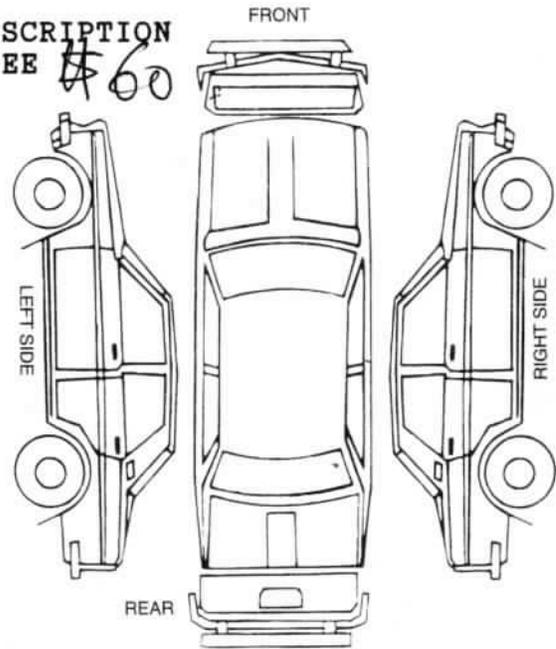
*MSIG*

JOB DESCRIPTION

Accident Date: 06.08.2018  
NATURE: 3P 06.08.2018

S/NO                      LABOR CODE  
000010                      23-01

DESCRIPTION  
TOWING FEE \$60



BOOKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHD4692K**                      **LKE**

Vehicle No.: **SHD4692K**

\_\_\_\_\_  
Signature of Service Advisor

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Name of Service Advisor

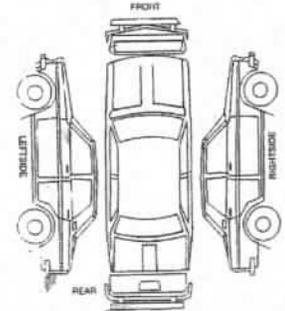
\_\_\_\_\_  
Date

Returned to Service Reception upon collection

To be kept by Security Guard

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition							
1. Date: <u>6/8/18</u> Time Received: <u>1235</u> 2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Saimen</u> Contact No. : <u>96261118</u> Vehicle No. : <u>SHD4692K</u> Make / Model / Colour : <u>Sonata</u> Email : _____	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input checked="" type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up					
7. Location: <u>105 Jln Tanjong Seng</u> 9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery						
10. Odometer Reading : <u>708503</u> Fuel Level : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>	F	1/4	1/2	3/4	E	6. Parts Replaced/Remarks: _____ _____ _____	
F	1/4	1/2	3/4	E			
<b>Job Attended</b> 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver : <u>Lim</u> Vehicle No. : <u>GEE 90J</u> Time Dispatch : <u>1207</u> Time of Arrival : <u>1220</u> Time Completed : _____	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi						
11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested							
13. Cash Invoice No. : _____							
<b>Customer Acknowledgement</b> a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupon cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.							
<u>6/8/18</u> Date	<u>1235</u> Time	<u>[Signature]</u> Signature of Customer					
14. WORKSHOP <u>[Signature]</u> Name of Attending Staff/Guard							
<u>[Signature]</u> Signature of Attending Staff/Guard							



# : Cracked X : Dented  
/ : Scatched O : Missing

Signature of Customer

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHD 4692K

DATE 7/8/2018 14:42

MAKE :

*Like*

*L/Sum*

MODEL : HYUNDAI SONATA

*MSIG*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X sum</i>			\$ 483.30
	Rear Bumper Clip <i>X 11</i>			\$ 22.00
	Rear Bumper Sponge <i>X sum</i>			\$ 137.40
	Rear Bumper Under Cover <i>X sum</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X sum</i>		\$ 38.00	\$ 76.00
<b>SUB TOTAL</b>				<b>\$ 1,482.90</b>
<b>LESS 20%</b>				<b>\$ 296.58</b>
<b>DISCOUNTED TOTAL</b>				<b>\$ 1,186.32</b>
	Rear Bumper Reverse Sensor <i>X sum</i>			\$ 135.70 <b>Nett</b>
	Rear Bumper Rubber Mat <i>X 11</i>			\$ 50.00 <b>Nett</b>
				<b>\$ 185.70</b>
<b>Labour Charge</b>				
	Panel Beating			\$ <del>350.00</del> <sup>100</sup>
	Spray Painting Charge			\$ <del>250.00</del> <sup>200</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>X 24</sup>
	Towing Fees			\$ <del>60.00</del> <sup>✓</sup>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <sup>X 11</sup>
<b>TOTAL LABOUR</b>				<b>\$ 830.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$ 2,202.02</b>
<p><i>Kalin 10/10/1</i>  <i>8/8/18 1615 hrs</i>  <i>2 part</i>  <i>LIS</i>  <i>After Repair photo</i></p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer                  Signature: _____                  Date: _____</p>				
<p>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.</p>				

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305197257  
Date : 18/08/18

## FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. : SHD4692K CTPL

Fax :

06.08.18

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

1. The repair job shall bill to: MSIG --- SGG5905L
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \_\_\_\_\_
  - (b) Labour Charges \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \_\_\_\_\_  
**Final Lumpsum Repair cost** \$360.00

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 : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : Kahr  
Date : 20/8/18

### 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:

\_\_\_\_\_



## Claim Documents

**\*SHD4692K (566698)**  
**[SGG5905L]**  
**TP**  
**COMFORT TRANSPORTATION PTE LTD**  
**Aug 6 2018 10:00AM**  
**[GAN HUA FENG STANLEY]**  
**ComfortDelGro Engineering Pte Ltd**

Upload Documents			Upload Photos		Compose New Letter		View <input type="button" value="View in Browser"/>	
<b>Assessment Reports</b>							1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print			
1	08/08/18 10:49	<b>Accident Statement Addm. #1</b> From: SC - Reg. No: SGG5905L, Claimant: GAN HUA FENG STANLEY		Load HTM				
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print			
1	10/08/18 11:48	<b>Adjuster Immediate Advice</b>		Load HTM				
<b>Photos/Images</b>							3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print			
1	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
2	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
3	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
4	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
5	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
6	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
7	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
8	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
9	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
10	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
11	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
12	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
13	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
14	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
15	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
16	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
17	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
18	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
19	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
20	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
21	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
22	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
23	08/08/18 17:28	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
24	13/08/18 17:36	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
25	13/08/18 17:36	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
26	13/08/18 17:36	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>			
<b>Documentation</b>							1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print			
1	08/08/18 10:49	<b>SHD4692K E-FILE REPORT</b> From: SC - Reg. No: SGG5905L, Claimant: GAN HUA FENG STANLEY		Load PDF				
2	08/08/18 10:57	<b>TP PRI request and estimate</b>		Load PDF				

### Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<a href="#">Reset</a>	<a href="#">Save</a>	<a href="#">Print</a>
There are no document checklists configured.			

<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

## 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/MSG18014440/K1QD3E2

Date: 24/08/2018

#### REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A29078795QMX
Claimant Vehicle No : SHD4692K	Insured Vehicle No :	SGG5905L
Date of Loss: 06/08/2018	Nature of Claim:	TP
		Claim No: 566698

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD4692K	Engine No:	D4EAC138014
Make & Model:	HYUNDAI SONATA NF, 2.0 AT ABS CRDI (A)	Chassis No:	KMHET41VMDA834760
Reg. Date:	02/07/2013 (Man. Year: 2013)	Odometer:	708303 km
Colour:	Blue		
Engine Capacity:	1991 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	<b>Market Value/New Car Price</b>		

#### CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

#### CONDITION OF TYRES

Front Tyre Size:	215/60 R16	Rear Tyre Size:	215/60 R16
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	1,372.02	0.00	1,372.02	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	830.00	360.00	470.00	56.63
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,202.02</b>	<b>360.00</b>	<b>1,842.02</b>	<b>83.65</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>154.14</b>	<b>25.20</b>	<b>128.94</b>	<b>83.65</b>
<b>Nett Amount (S\$)</b>	<b>2,356.16</b>	<b>385.20</b>	<b>1,970.96</b>	<b>83.65</b>

#### INSPECTION

Date of Assignment:	08/08/2018	
Date Inspected:	08/08/2018 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**

<b>Reference</b>	
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 24 Aug 2018)
<b>Parts:</b> 143	HYUNDAI SONATA NF 2.0 AT ABS CRDI (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHD4692K)	
<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 BUMPER	Repair	578.40 FL	*- FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	483.30 FL	*- FL
3	1		*REAR BUMPER CLIP	Not Necessary	22.00 FL	*- FL
4	1		*REAR BUMPER SPONGE	Serviceable	137.40 FL	*- FL
5	1		*REAR BUMPER UNDER COVER	Serviceable	185.80 FL	*- FL
6	2		*REAR BUMPER PROTECTOR (LH/RH)	Serviceable	76.00 FL	*- FL
7	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
8	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FS	*- FS

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

<b>Sub Total (\$\$)</b>	<b>1,668.60</b>	<b>0.00</b>
- List Item Discount on L Items 20.00/20.00% (\$\$)	296.58	0.00
<b>Total Parts (\$\$)</b>	<b>1,372.02</b>	<b>0.00</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
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	TOWING FEES	New	60.00	60.00
5	REMOVE / REFIX REVERSE SENSOR	New	120.00	0.00
<b>Gross Labour Cost (S\$)</b>			<b>830.00</b>	<b>360.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >