(08/11/13) - REF: CC3/7m1180	014870/Klsbez
<u>ASSIC</u>	<u>GNMENT</u>
From: Date:	Veh No: SHC 36934 Yr Regn: 524, 3.8
Estimated Cost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tat / Prime Mover /
ODITP INSTITUTES OD RESTEVATING MY	Truck / Trailer or
To Insped Vehicle No:	Make: - Muster Zonig co 15to ".
at Workshop m/s	Colour A/C: Insted / Std / NI / NA
of	Sp.Reading 2.0463 T/Radio: Ins@ed / Std / NI / NA
Insured: SLD 91388	Eng/No:
Policy Na	CINO: KMHC851CVJU103733
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh;	Modi: Nil / S/Rim / STDQ/Rim or
	Tyre Size: F: 195/65 Rig
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of Inspection.	TOYO/YOKO OF Nexen
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. + mm L/Bal. + mm
Est, Repairs: days Res.: Yes or No	D.O.A. 15/8/10 D.O.I. 15/8/18
Lum Sum: % 3 Val.: Yes or No	Survey held at (DRE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Fit / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	Rev :
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	DA HARRY The
Sto 9718 B - x	
20/8/18 Continue J 1/p \$ 616.01/2	gle .
	<i>V</i> 73.
(\$797.52 prd - 56%)	
-	
RECEIVED 2 1 JAUS 2	
	*
Oate/Time, File Pass to? : Prell. Report	Days Of Repair: 2
21/08/4 - Banari	
1) Typicy : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: 350
' Add Eas	F
2) Add Pee	:Interview (\$)) Photos
Report Format :	: Tech: Invs (\$) Others 10
Lump Sum / I.B.I: (\$ 616.0) P/P	:Weekend (\$
Edinb od in 1 10011 (# 6/6. 01 1/1	TOTAL 260
	101AL

MFORTDELGRO

nember of COMFORT DELGRO

ComfortDetGro Engineering Fite Ltd

work imps
59 Lucin Library Singulative debate
59 Lucin Library Singulative debate
59 Lucin Library Singulative debate
7 Singulative Way Singulation 724791
45 Pamage Road Singaprice 6032256
501 Yest Auditated Paik A Singulation 768732

Date/Time: 15.08.2018 11:35

Page: 1

ARC Repair TP(CLSO)1 leam:

JOB CARD

Sales Order:

JC NO.: 305200312

MER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

R) P)

MER NO.

SS

JNT CARD NO.

REGN NO. SHC3693U MILEAGE FUEL MAKE: HYUNDAI E.....F DATE/TIME IN 15.08.2018 09:50 MODEL. IONIQ(G2) YR OF MANU. 05.07.2018 TARGET DATE

CHASSIS CODE KMHC851CVJU103533

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.08.2018

NATURE: 3P 15.08.18

urned to Service Pecestion upon collection

S/NO

LABOR CODE

FRONT DESCRIPTION LEFT SIDE REAR T

(ED & P/	ASSED OUT BY:		-			
	SERVICE ADVISOR				CUSTOMER'S SIGNATURE	_
edgemer	nt Slip	•	Exit Pass			
lo.:	SHC3693U	ј и токіо Ц	Vehicle No.:	SHC3693U		
Service	Advisor	Signature/Date	Name of Service Advisor		Date	

To be kept by Security Guard

··Shirley Hiew (LKK Auto)

From:

Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

Sent:

Thursday, 16 August 2018 3:52 PM

To:

'Motor Claims'

Cc:

'LKK_Surveyor'

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING

PTE LTD - DOA: 15/08/2018 , SHC 3693U (TP), SLD 9928B (OI)

Attachments:

TP GIA REPORT.pdf; ESTIMATE.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 3693U on 15/08/2018 at M/s: ComfortDelGro Engineering Pte Ltd.

Enclosed herewith a copy of TP's GIA report and workshop Estimate.

Meanwhile, kindly create claims in Merimen for our necessary action.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>Sur@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933) MCD618105355 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 15/08/2018 10:59 SUBMITTED BY: Huang XiaoYan

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

ACC	:IDE	-NT:	STAT	EMEN'	T
	41-4				

 Date Of Report
 15/08/2018 10:59

 Date Of Accident
 15/08/2018 08:40

Exact Location Of Accident BENOI ROAD TWDS PIONEER RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3693U

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 IONIQ HYBRID

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?

THIRD PARTY

If No, Please state action to be taken

TAXI

Vehicle Category

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 TAN PENG LEE
NRIC No S1317612D
Date Of Birth 08/02/1958
Occupation OUTDOOR

Occupation OUTDOOR
Date Of Driving Pass 13/08/1983

Driving Experience 35 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91836573

Fax Number

Contact Number

EMail Address DERRICK12341@YAHOO.COM.SG

Address

BLK 448 PASIR RIS DRIVE 6 #02-144

Postcode

510448

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

PLS REFER TO ATTACHED

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

SLD9928B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SAM CHEW LAN

NRIC/Passport Number

Contact Number

91990625

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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:

- 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)
 - (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 enquirles 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.
- 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. 199203321R

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Jackson H

030

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

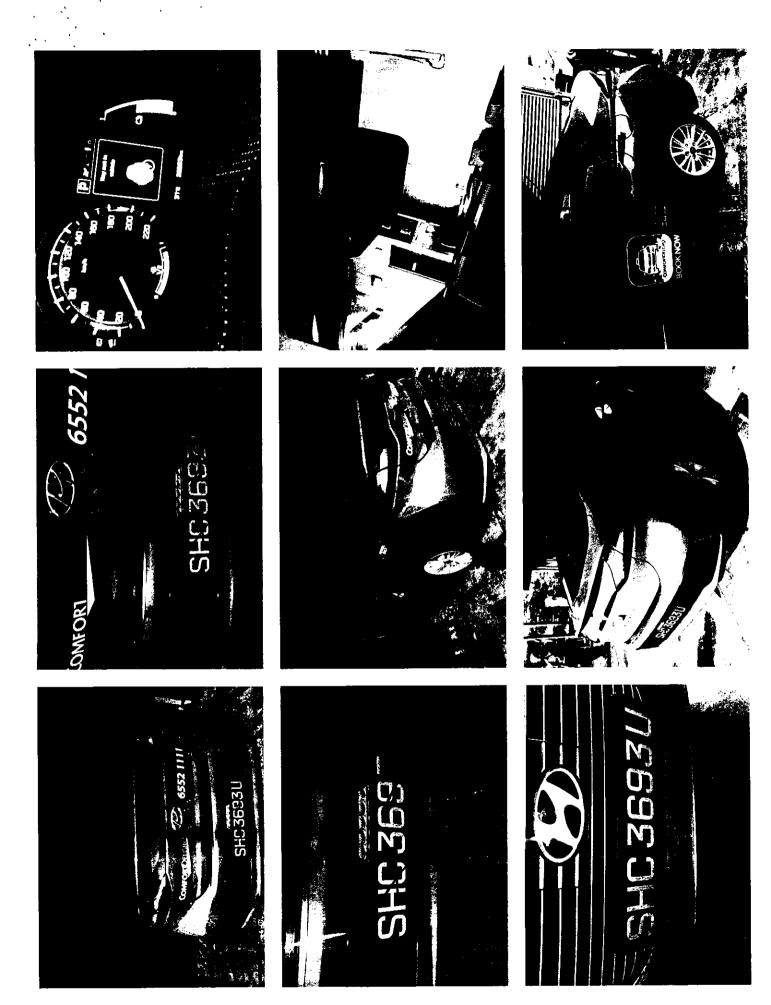
GIARMC SketchPlanForm_V3

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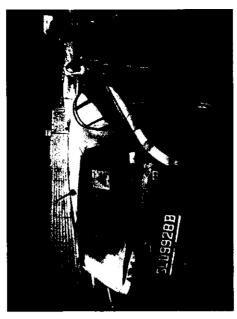
Sketch Plan Pg. 2

SKETCH PLAN	,	
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		4,440
	1	
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STEWARY PROBE	while 5 wars we	viting Vehicle R
Diovee.	10 10 10 10	
Came from ing	back hit ordo	Elice H real.
DECLARATION		16/2/18
I/We declare the foregoing particulars a	11 144-	15/8/18
OMFORT TRANSPORTATION PTE L CO. REG. NO. 199203321R	10 /f///\	Jackson Hold Frieklion
		(30 ///
Policyholder's Signature	f. Y .	Reporting Centre Personnel's Signature
Date & Time:	Oriver's Signature (If driver is not the policyholder)	Name:

GIARMC SketchPlanForm_V3





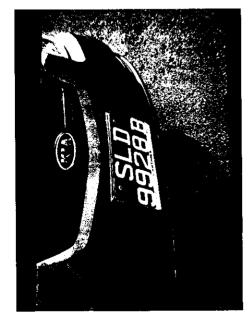




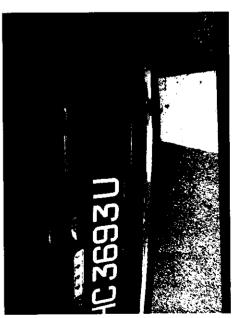












ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive Singapore 508969 Tel: 6214 8300

TP INSURER:

Present Location:

Tokio Marine Insurance Singapore Ltd (HQ) - Immani

CTPL

Singapore

PARTICULARS OF C	CLAIM		· · · · · · · · · · · · · · · · · · ·
Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	15/08/2018
Vehicle Reg. No.:	SHC3693U	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	05/07/2018
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEJU046388	Chassis No:	KMHC851CVJU103533
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		

COST OF CLAIMS		Amount
Parts		753.53
Miscellaneous Items		10.00
Labour		650.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	1,413.53
	+ GST 7.00% (S\$)	98.95
	Nett Amount (S\$)	1,512.48

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 15 Aug 2018)

Parts:

192

HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHC3693U/15/08/2018 12:50

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 ASSY X 500 A	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER MOULDING	20.00	0.00	*451.26 FL
3	1		*REAR NUMBER PLATE /	0.00	0.00	*25.00 F
F≃Fra	anchise	part. L=ListItemE	Disc.			
			Sub Total (S\$)			935.66
			- List Item Discount on L Items (S\$)			182.13
			Total Parts (S\$)			753.53

ComfortDelGro Engineering Pte Ltd/SHC3693U/15/08/2018 12:50. Not valid without Reference section. Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars		Amount
Mis	çellar	eous Items	The state of the s	
1	1	OD/TP Case (Insurer)		10.00
			Sub Total (S\$)	10.00

Estimates on Labour

Νo	Particulars	Lab.Type	Amount	
Lab	our Items		2.00	
1	PANEL BEATING	New	302:00	
2	SPRAYPAINT	New	300:00 300:00 × * + 50:00 2 •	
3	3 WIRING	New		
		Gross Labour Cost (S\$)	650.00	

ComfortDelGro Engineering Pte Ltd/SHC3693U/15/08/2018 12:50. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kehir ((KK)

15/8/18 1315h.

2hr.

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LKK Auto Consultants hear a notify
the Repairer

To resurvey to a consultant solution

To display do a solution of covey

Parts priors

Third party to a consultant of con

COMFORTDELGRO ENCINEERING

Our Joh Dof No.	. 305	305200312			ENGINEERING				
Our Job Ref No Date)8/2018		ComfortDelGro Engineering Pte Ltc 59 Loyang Drive Singapore 50896					
INALIZATION					Fax: 6	6546 8156			
-o :		LKK			Fax:				
Attn :	ŀ	KALVIN							
	: SHC3	693U		Date	of Accident :	15/08/2018			
he survey and	estimates of t	he repairs of the	above-me	ntioned	vehicle are a	s follows:-			
. The repai	r job shall bill	to:	TOKIO			SLD9928B			
. The finalia	zed amount si	hall he			###				
		r List discount				\$386.01			
, , , ,	,			###		\$230.00			
• •	=	y-Part Repair C	ost			\$616.01			
. •									
To	tal for Lumpsi	r (if applicable) um repair cost at	fter Less:	20%	-				
Fir	nal Lumpsum	Repair cost							
. We shall						is no reply from you			
	u for your ass				e confirm the e				
		M							
Signature	:	/	<u> </u>	Sig	nature:				
Name	: JUMANI	$\overline{}$		Na	me :	Kalvin			
Tel	:	6214 8315	<u>.</u>	Da	te :	20/8/18			
Fax	:	65468156							
or Official Use	Only								
Iten	า	Amount	Atta	iment iched or No	Confirm By (Signature)	Remarks			
I. Rental Rate	P/Day		YE	s					
2. Loss of Incor	ne Paid			N					
3. Survey Fees									
 LTA Search Medical Fees of driver, if a 	s (on behalf	\$7.49							
6 Overrun					•				
Remarks:									

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.08.2₀₁₈

Time: 12:08:53

Page: 1

REPAIR ESTIMATE

COMPAINY: THIRD PARTY'S CLAIMS (CAS)

CUSTON_IER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305200312

REGN NO MILEAGE : SHC3693U

MAKE

: 0000000000

: HYUNDAI

MODEL

: IONIQ(G2)

DATE OF REGN : 05.07.2018 DATE/TIME IN : 15.08.2018 09:50

ACCIDENT DATE : 15.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-O1-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 L 451.26 20.00 361.01

0002 FNTPS

NO PLATE(S) 1 N 25.00 2.00- 25.00

SUB-TOTAL : 386.01

JOB NATURE

0000 L

PANEL BEATING- REAR

200.00

0001 17-01

CHECK ALL LIGHTING

20.00

0002 L

DATE:

MERIMEN FEE

10.00

SUB-TOTAL: 230.00

TOTAL : 616.01

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

Due Date

Priority Type

Task Group

Subject

...CLAIM SUBFOLDER...(Pending for Survey Report)

Pre-Repair Survey

CLAIM SUB	SFOLDER TRACI	KING								
Case	Notified	Est Submitted	Adj Assigned	Adj Rp	ot	Adj Submit	tted Ins Auth	n'ed S	Status	
Main	15 Aug 2018 Sendback Est	15 Aug 2018 12:50 \$\$1,413.53	20 Aug 2018 16:01 Edit Adj Rpt	\$\$610 Edit	6.01 Estimates	S\$616.01 View Rpt	. !		Pending for Report Cancel Case	
, ···	Main	Refe	erence	(Claim Detal	is	Docum	nents	s	how All
CLAIM SU	UBFOLDER DET	AILS								
Insured:	LOH & SON	IS PAINT CO (S) F	PTE LTD, Co. Re	eg. No.: 19	9801611Z					
Main Claimant:	nant: COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R+									
Vehicle Reg No.:	* SHUKBUKII				Date of Lo		15/08/2018 00:00 - :59 [1 Months and 10 Days From LTA Reg Date (Man Yr)]			n Yr)]
Claim Type	e: TP / M180)4056			Policy/Cov Note No.:		712 (Comprehen: ge: 11/06/2017 -		.8	
Vehicle Reg No. (Insured):	SLD9928B				Policy No. (Claimant)):				
					Excess:	S\$4,100	S\$4,100.00			
Repairer:	ComfortDel	lGro Engineering	Pte Ltd (Loyang	j) 59 Loya	ng Drive, 50	8969 Loyang	g - Tel: 6214 830	00	,	
Handling Insurer:	Tokio Marir	ne Insurance Sinç	gapore Ltd (HQ)) - Tel: 622	?1 6111 [Handled by I	Pauline Tham)			
Adjuster:	LKK Auto Co 30/08/201	Consultants Pte Lt [8]	:d (HQ) - Tel: 62!	56-3561	. [Handled b	y KALVIN A	ANG WEI KUN]	[Final	Rpt due	
Adj Asg. Remarks:	PLS. CHECK	CONSISTENCY OF	THE ACCIDENT.							
ASSOCIA	TED MAIL REC	EIVED						View All	Compose (Case Mail
There are r	no mail for this ca	ase.								
ALL ASS	OCIATED TASK	.s□				View All	Search Tasks	Create N	lew Task .	Complete

Completed On

Created On

Claim Documents

SHC3693U (M1804056) [SLD9928B] TP COMFORT TRANSPORTATION PTE LTD
Aug 15 2018 12:00AM
[LOH & SONS PAINT CO (S) PTE LTD] ComfortDelGro Engineering Pte Ltd

Up	load Documents Up	load Photos Compose New Letter	View	View in Brows	er 🗸
Ass	essment Reports		1 per p	age 🗸	V
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	15/08/18 12:50	Repairer Estimates	Ð	Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	16/08/18 12:21	Accident Statement From:SC - Reg. No: SLD9928B, Claimant: LOH & SONS PAINT CO (S) PTE LTD	Ø	Load HTM	<u></u>
Pho	tos/Images		3 per p	age 🔻	V
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	20/08/18 16:42	General View	0	Load JPG	V
2	20/08/18 16:42	General View	0	Load JPG	V
3	20/08/18 16:42	General View	0	Load JPG	4
4	20/08/18 16:42	General View	0	Load JPG	3
5	20/08/18 16:42	General View	0	Load JPG	<u>~</u>
6	20/08/18 16:42	General View	0	Load JPG	<u> </u>
7	20/08/18 16:42	General View	Ð	Load JPG	V
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9	20/08/18 16:42	General View	0	Load JPG	Z
10	20/08/18 16:42	General View	0	Load JPG	Z
11	20/08/18 16:42	General View	0	Load JPG	4
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Merimen e-Claims Page 2 of 2

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:

CC3/TMI18014870/K1SBE2

Date:

27/08/2018

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MU006712

Claimant Vehicle SHC3693U

Insured Vehicle No:

SLD9928B

No: Date of Loss:

15/08/2018

Nature of Claim:

TP

Claim No: M1804056

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC3693U

Make & Model:

HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)

Engine No:

G4LEJU046388

Reg. Date:

05/07/2018 (Man. Year: 2018)

Chassis No:

KMHC851CVJU103533

Colour:

Odometer:

20963 km

Engine Capacity:

1580 cc

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

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good Steering (Serviceable):

Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Good

Handbrake (Serviceable): **CONDITION OF TYRES**

Front Tyre Size:

195/65R15

Yes

Rear Tyre Size:

195/65R15

Front Left Side:

Nexen 7 mm

Rear Left Side:

Nexen 7 mm

Front Right Side:

Nexen 7 mm

Rear Right Side:

Nexen 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	753.53	386.01	367.52	48.77
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	650.00	220.00	430.00	66.15
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,413.53	616.01	797.52	56.42
+ GST 7.00/7.00% (S\$)	98.95	43.12	55.83	56.42
	1,512.48	659.13	853.35	56.42

INSPECTION

Date of Assignment:

20/08/2018 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

15/08/2018 Inspected At:

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Adjuster: KALVIN ANG WEI KUN Manager:

Hiew May Fung

Adjuster Report Page 2 of 4 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. https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_... 27/8/2018 Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Aug 2018)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHC3693U)

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 ASSY	Serviceable	459.40 FL	*- FL
2	1		*REAR BUMPER MOULDING	Deformed	451.26 FL	*451.26 FL
3	1		*REAR NUMBER PLATE	Cracked	25.00 F	*25.00 FS
F≂Fr	anchise	part. S=SpcNet	tt. L=ListItemDisc.			
				Sub Total (S\$)	935.66	476.26
			- List Item Discount on L	Items 20.00/20.00% (S\$)	182.13	90.25
				Total Parts (S\$)	753.53	386.01

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars		Repairer's	· Amount
Mis	cellan	eous 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
Lab	our Items			
1	PANEL BEATING	New	300.00	200.00
2	SPRAYPAINT	New	300.00	-
3	WIRING	New	50.00	20.00
		Gross Labour Cost (S\$)	650.00	220.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >