

108/11/13

Surveyor: Kalvin

REF: CC3/TML18016398/Klrd3n2

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: SJW 8259D

Policy No. MH000848

Claims No. M1804478

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: SHB 474A Yr Regt: 29 Oct, 2015

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

Truck / Trailer or

Make: Hu 28 c.c. 1685Colour: Bl A/C: Ins / Std / NI / NASp. Reading: 334640 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KM HLB414M6408027Gen. Cond: Good / Fair / Poor / BurntSteering: In / Jammed / Leaked / Burnt orBrake: In / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Went / LK

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 7/9/15 D.O.I. 7/9/15Survey held at CHE (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

SHB 474A-CC3/AIG16024796/Hlyg342 Date: 24/12/16 To LK

SJW 8259D-X

10/9/15 Sent GIA & EST to tokio for crane menmen

11/9/15 Advised P/P of 310 / 2 Days.

Red: \$1899.06, 86%

RECEIVED 12 SEP 2016

Date/Time, File Pass to?

☐ : Prel. Report1) typist☒ : Final Report

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

\$ + RS \$1

Photos

Others

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: TPLump Sum / I.B.I. (\$) 310

250

10

260

Janice Lee (LKKAUTO)

From: Janice Lee (LKKAUTO)
Sent: Monday, September 10, 2018 11:41 AM
To: 'Motor Claims'
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD - DOA: 07/09/2018 , SHB 4174A (TP), SJW 8259D (OI)
Attachments: SHB 4174A GIA.pdf; SHB 4174A EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle **SHB 4174A** on 07/09/2018 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,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: janicelee@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	07/09/2018 14:29
Date Of Accident	07/09/2018 10:20
Exact Location Of Accident	TOH GUAN RD T- JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4174A
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	SIM CHENG SIEW
NRIC No	S1589583G
Date Of Birth	06/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1986
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97538736
Fax Number	
Contact Number	
Email Address	PATRICKSIMCHENGSIIEW@GMAIL.COM

Address	134 17-714 RIVERVALE STREET
Postcode	540134
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	SJW8259D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PARAMASIVAM SELVARAYAR
NRIC/Passport Number	S7568763Z
Contact Number	92489077
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

SKETCH PLAN

A = SHB 4174A

B = 33W 8259D

PARAMASIVAN
SELVARAYAR

S 7568 763 Z
9248 9077

TOH GUAN RD

BLK 283

BLK 285B

TOH GUAN RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

kindly refer the statement attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199503821R

Policyholder's Signature _____
Date & Time: _____

Driver's Signature _____
If driver is not the policyholder _____

Reporting Centre Personnel's Signature

Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On 07/09/2018 @ about 1020hrs, I stopped my taxi at the traffic junction of Toh Guan Rd waiting for the traffic lights to turn green. Suddenly a few seconds later, I felt an impact followed by a jerk from behind and found a car SJW8259D came from behind collided on the rear portion of my taxi.

01 male passenger on board my taxi. No injury reported at the point of accident.

Declaration

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

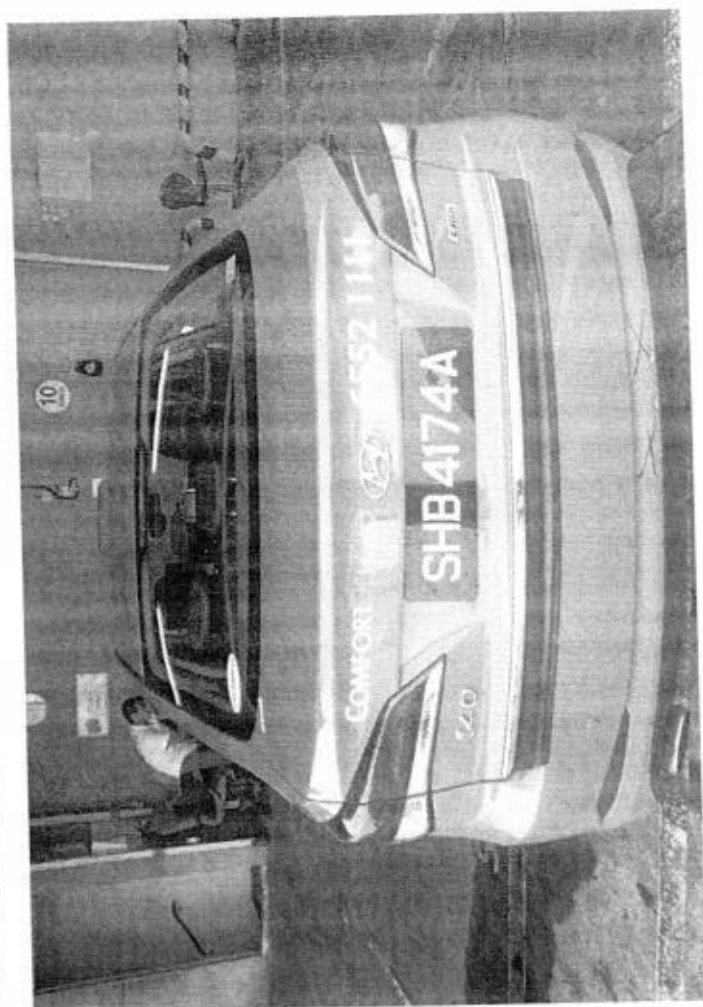
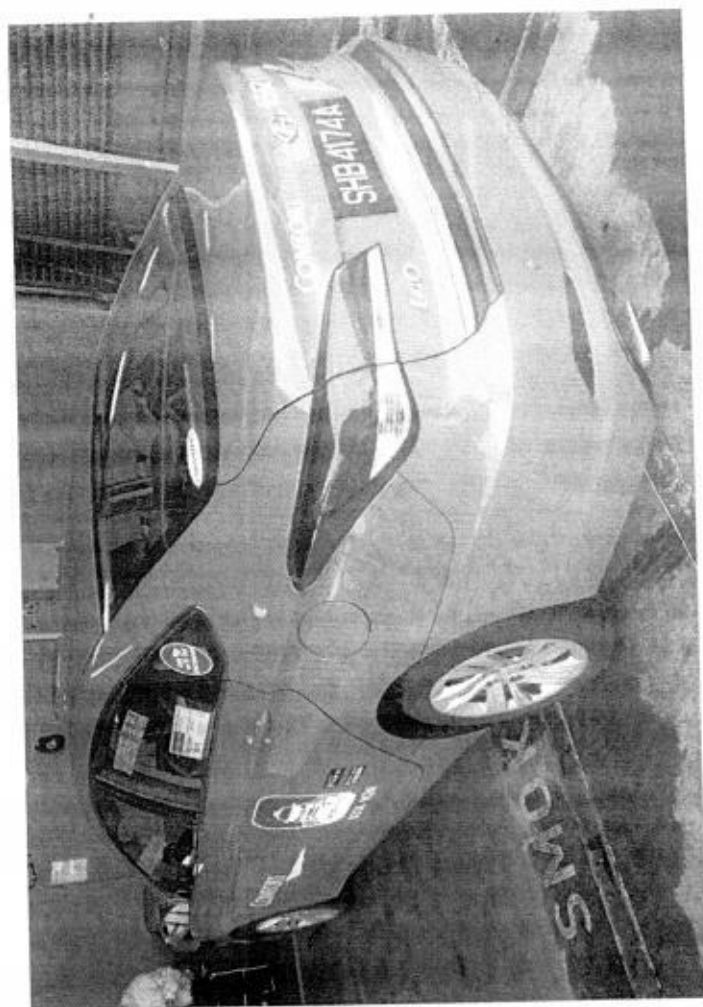
COMFORT TRANSPORTATION PTE
CO REG. NO 199503821R

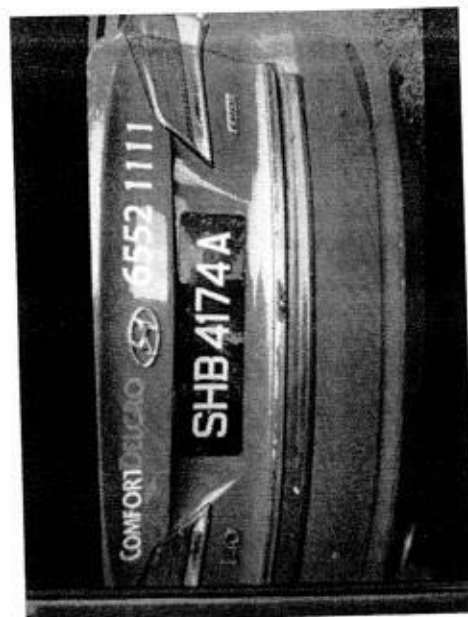
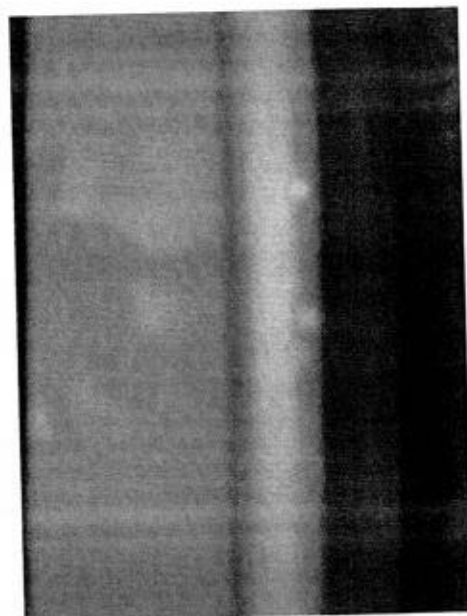
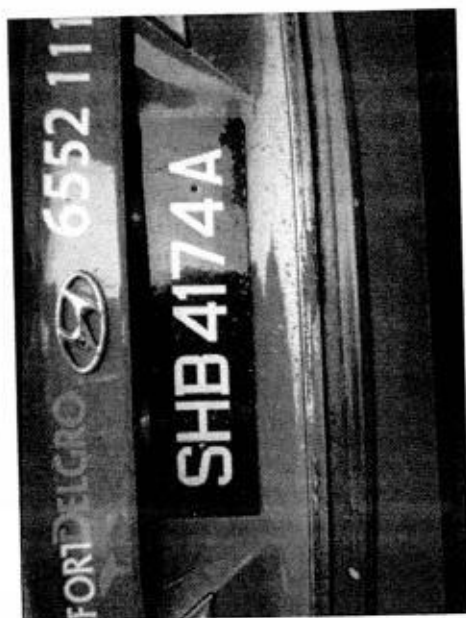
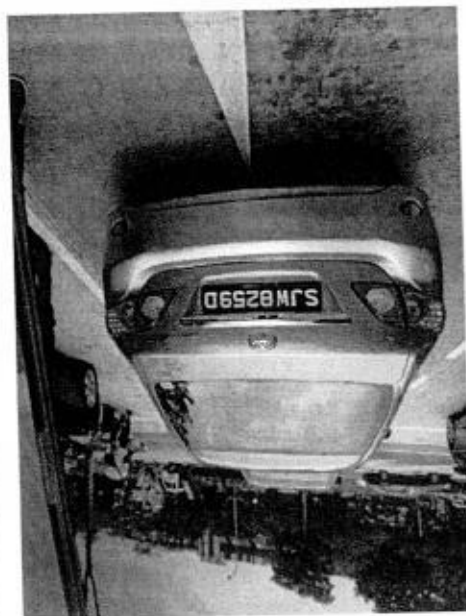
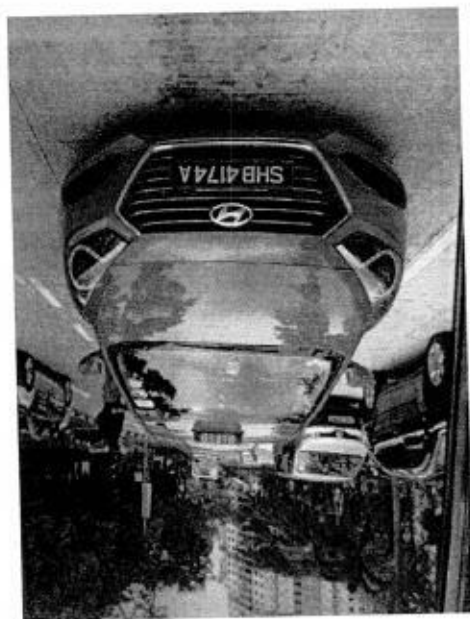
Policyholder's Signature/Date &
Time

Driver's Signature(if driver is not the policyholder)/Date
& Time

07/09/2018
1300hrs

Witnessed by Reporting
Centre Personnel





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 4174A

DATE 7/9/2018 15:14

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X paper</i>			\$ 553.00
	Rear Bumper Reinforcement <i>X su</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>X 11</i>			\$ 22.00
	Rear Bumper Bracket <i>X su</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>X su</i>			\$ 103.50
	Rear Bumper Under Cover <i>X su</i>			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
	Rear Bumper Rubber Mat <i>X 11</i>			\$ 50.00 Nett
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70 Nett
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 350.00 <i>100</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X 11</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 1</i>
	<i>Marine Fee \$10</i>			
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 2,209.06

Kahr 11/11/18

7/9/18

2 hrs.

After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

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.

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305209782

OWNER

AS

OWNER NO.

RESS

(R)

(P)

OUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(O)

Tolcis Marine

REGN NO.: SHB4174A

MAKE: HYUNDAI

MODEL I-40

YR OF MANU 29.10.2015

CHASSIS CODE KMHLB41UMGU080227

MILEAGE

FUEL

E.....1/2.....F

DATE/TIME IN 07.09.2018 13:15

TARGET DATE

COMPLETION DATE/TIME

JOB DESCRIPTION

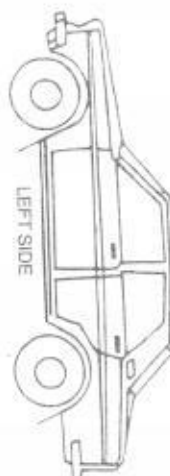
Accident Date: 07.09.2018
NATURE: 3P 07.09.2018

S/NO

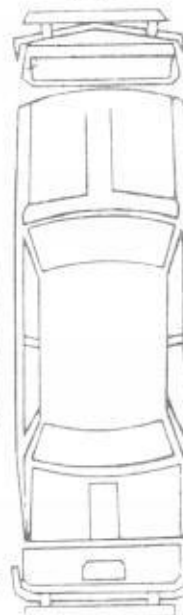
LABOR CODE

DESCRIPTION

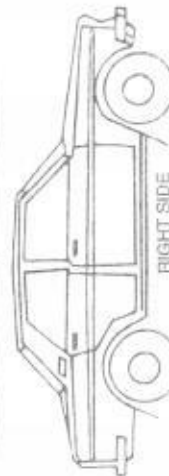
FRONT



LEFT SIDE



REAR



RIGHT SIDE

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

No.:

SHB4174A

LKE

Exit Pass

Vehicle No.:

SHB4174A

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

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

JOB NO : 305209782
REGN NO : SHB4174A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 29.10.2015
DATE/TIME IN : 07.09.2018 13:15
ACCIDENT DATE : 07.09.2018

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 :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305209782
Date : 11/09/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHB4174A CTPL

Fax :

07.09.18

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

1. The repair job shall bill to: TOKIO MARINE --- SJW8259D
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 : Kalvin
Date : 11/9/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI18016398/K1RD3N2

Date: 13/09/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MH000848
Claimant Vehicle No :	SHB4174A	Insured Vehicle No :	SJW8259D
Date of Loss:	07/09/2018	Nature of Claim:	TP
		Claim No:	M1804478

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB4174A	Engine No:	D4FDFU560968
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU080227
Reg. Date:	29/10/2015 (Man. Year: 2015)	Odometer:	334640 km
Colour:	Blue		
Engine Capacity:	1685 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):	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:	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	1,439.06	0.00	1,439.06	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\$)	2,219.06	310.00	1,909.06	86.03
+ GST 7.00/7.00% (S\$)	155.33	21.70	133.63	86.03
Nett Amount (S\$)	2,374.39	331.70	2,042.69	86.03

INSPECTION

Date of Assignment:	10/09/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	07/09/2018	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: Janice Lee Si Hua

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: 13 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 SHB4174A)	
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	553.00 FL	*- FL
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
3	1	*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	80.30 FL	*- FL
4	1	*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	80.30 FL	*- FL
5	10	*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
6	1	*REAR BUMPER SIDE BRACKET LH	Serviceable	35.60 FL	*- FL
7	1	*REAR BUMPER SIDE BRACKET RH	Serviceable	35.60 FL	*- FL
8	1	*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
9	1	*REAR BUMPER UNDER COVER	Serviceable	228.00 FL	*- FL
10	1	*REAR BUMPER RUBBER MAT	Not Necessary	50.00 F	*- FS
11	1	*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 F	*- FS
				Sub Total (\$\$)	1,752.40 0.00
				- List Item Discount on L Items 20.00/20.00% (\$\$)	313.34 0.00
				Total Parts (\$\$)	1,439.06 0.00

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

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 (\$\$)			10.00	10.00

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	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (\$\$)			770.00	300.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >