

22/03/2002

ASS. REC. BY:

REF:

CS/TML18013145/Klsbs\*

Special Instruction:

SUNAJAY

Kalvin

ASSIGNMENT (Office)

From (Person):

Fiona Gan

of

TML

Date/Time:

08102018 11:05 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 665X

Insured:

SFB 56117

at Workshop m/s

Comfort Delgro

Tel:

of

51 Luyang Drive

Policy No:

MT101224

Claim No:

MIS 04962

Sum Insured:

Excess:

Make of Veh:

D.O.A.

30092018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction ( ✓ ) Estimate

SHC 665X - CS3 / TML / 5016666 / Fb011

DUA: 01-10-2015

SFB 56117 - CS3 / FCI18018018 / Ucd3

DUA: 30092018



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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Oct 2018 16:06 <a href="#">Sendback Est</a>	05 Oct 2018 16:10 <b>S\$10.00</b>	08 Oct 2018 11:09 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

## CLAIM SUBFOLDER DETAILS

Insured:	CCPL, Co. Reg. No.: 199502839G		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHC665X	Date of Loss:	30/09/2018 15:00 - :59 [59 Months From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1804962	Policy/Cover Note No.:	MT101224 (Comprehensive) Coverage: 07/04/2018 - 06/04/2019
Vehicle Reg. No. (Insured):	SFQ5961H	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Fiona Gan Bee Song - 65926378]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 17/10/2018]		
Adj Asg. Remarks:	PLS. CHECK CONSISTENCY OF THE DAMAGE. THKS		

## ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

## ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Date/Time: 05.10.2018 09:45

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3862369

JC NO.: 305221908

STOMER

/MS CITYCAB PTE LTD  
STOMER NO. 7010070  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188 (R) (Q)  
(P)

COUNT CARD NO.

REGN NO.:

SHC 665X

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

30.09.2018 15:30

YR OF MANU.

31.10.2013

TARGET DATE

CHASSIS CODE

KMHLB41UMDU042290

COMPLETION DATE/TIME:

JOB DESCRIPTION

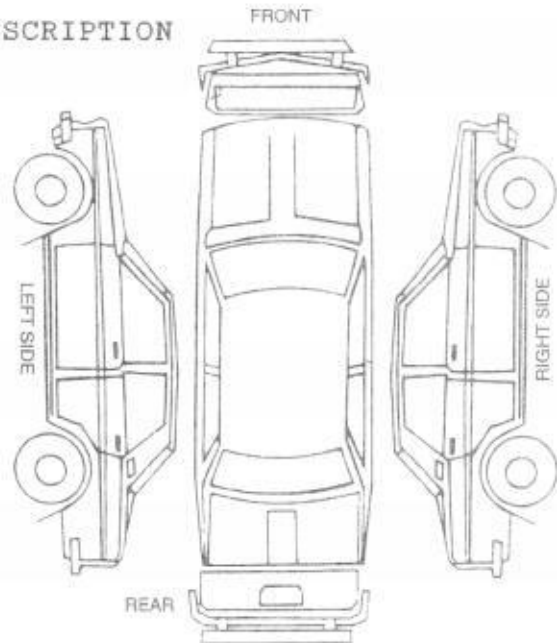
Accident Date: 30.09.2018

NATURE: 3P 30.09.2018-C

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

Vehicle No.: SHC 665X CHIANG

Vehicle No.: SHC 665X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Report ID : 28CTP232  
DATE : 08.10.2018  
TIME : 08:41:11

CityCub Pro Ltd  
Vehicle RRV for Fleet Safety Division  
AS AT 31.08.2018

USER ID : CTNEX03  
PAGE : 1

Co.Code : CAB  
Licence Pl.No : SHC065X  
Old Asset No :  
Veh.Model : Ryndal I60  
Reg.Date : 31.10.2013  
Cap.Date : 31.10.2013  
Accident.Date : 30.09.2018  
Veh.Age : 059

Asset No	SA No	Bal. Dep. Mths	Per Mth. Dep	Bal. Dep. Value	Asset Description 1	Cost	Op. Acc. Dep	Cur. Year Dep	Accum. Dep	Net Book Value	Scrap Value/Estimated RRV Refund
			\$	\$		\$	\$	\$	\$	\$	\$
10009529	0	031	277.77	9,610.87	SHC065X H40 31.10.2013 BASIC COST W AIRCON	25,000.00	14,166.10	2,222.13	16,388.23	8,611.77	1.00
10009529	1	031	41.09	1,273.79	SHC065X H40 31.10.2013 EXPORT DUTY 20%KWA18490	3,697.86	2,595.46	328.70	2,424.16	1,273.70	0.00
10009529	2	031	48.84	1,514.04	SHC065X H40 31.10.2013 AEP 100%KWA18490-CRVS7500	10,980.00	2,491.06	390.76	2,881.82	8,108.18	6,594.00
10009529	3	031	681.38	21,122.78	SHC065X H40 31.10.2013 CDE 80%	61,324.00	34,750.26	5,451.03	40,201.29	21,122.71	0.00
10009529	4	000	0.00	0.00	SHC065X H40 31.10.2013 CDE TOP UP	0.00	0.00	0.00	0.00	0.00	0.00
10009529	5	031	0.00	0.00	SHC065X H40 31.10.2013 AIR CONDITIONER	0.00	0.00	0.00	0.00	0.00	0.00
10009529	6	031	0.00	0.00	SHC065X H40 31.10.2013 PRINTER DIGITX THERMAL	0.00	0.00	0.00	0.00	0.00	0.00
10009529	7	031	0.00	0.00	SHC065X H40 31.10.2013 TAXIMETER DIGITAX F1	0.00	0.00	0.00	0.00	0.00	0.00
10009529	8	031	- .56	48.36	SHC065X H40 31.10.2013 VEH REG FEE	140.00	79.34	12.44	91.78	48.22	0.00
			1,050.64	32,569.84		101,151.86	53,582.22	8,405.06	61,987.28	39,164.58	
CCE			681.38	21,122.78	Vehicle : Without T/M & CDE	39,827.86	18,831.96	2,954.03	21,785.99	18,041.87	
Vehicle			369.26	11,447.06	Vehicle : Without T/M, With CDE	101,151.86	53,582.22	8,405.06	61,987.28	39,164.58	
					Taximeter	0.00	0.00	0.00	0.00	0.00	
			1,050.64	32,569.84							

SHC 665x

$$\textcircled{1} \text{ cost of fixi} = 101151.86$$

$$\text{ARF 652} = 8242$$

$$\begin{aligned} \text{Depreciation} &= (101151.86 - 8242) \div 96 \\ &= 967.81 \end{aligned}$$

$$\begin{aligned} \textcircled{2} \text{ Book value} &= (967.81 \times 36) + 8242 \\ &= 43083.16 \end{aligned}$$

$$\begin{aligned} \textcircled{3} \text{ settlement} &= 43083.16 - 31691 \\ &= \$11392.16 \end{aligned}$$

## 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 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. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	03/10/2018 17:07
Date Of Accident	30/09/2018 15:30
Exact Location Of Accident	CHOA CHU KANG WAY X SUNGEI KADUT AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC665X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	B SIVARAJ
NRIC No	S1283543D
Date Of Birth	12/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87007034
Fax Number	
Contact Number	
Email Address	SIVARAJ1211@GMAIL.COM

Address	BLK 532 JELAPANG ROAD #10-33
Postcode	670532
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	SIDE SWIPE
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT PANJANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20181004/2075 / Type Of Accident : HEAD TO HEAD

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFQ5961H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	B SIVARAJ
------	-----------



Approximate Age	59
Injuries Sustain	NECK, BACK, ANKLE, CHEST, LEG NUMBNESS, SPINE. ON 7 DAYS MC.
Injured person in which vehicle?	SHC665X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name	3P DRIVER
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SFQ5961H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name	3P PASSENGER
Approximate Age	
Injuries Sustain	LEG BLEEDING
Injured person in which vehicle?	SFQ5961H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES

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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

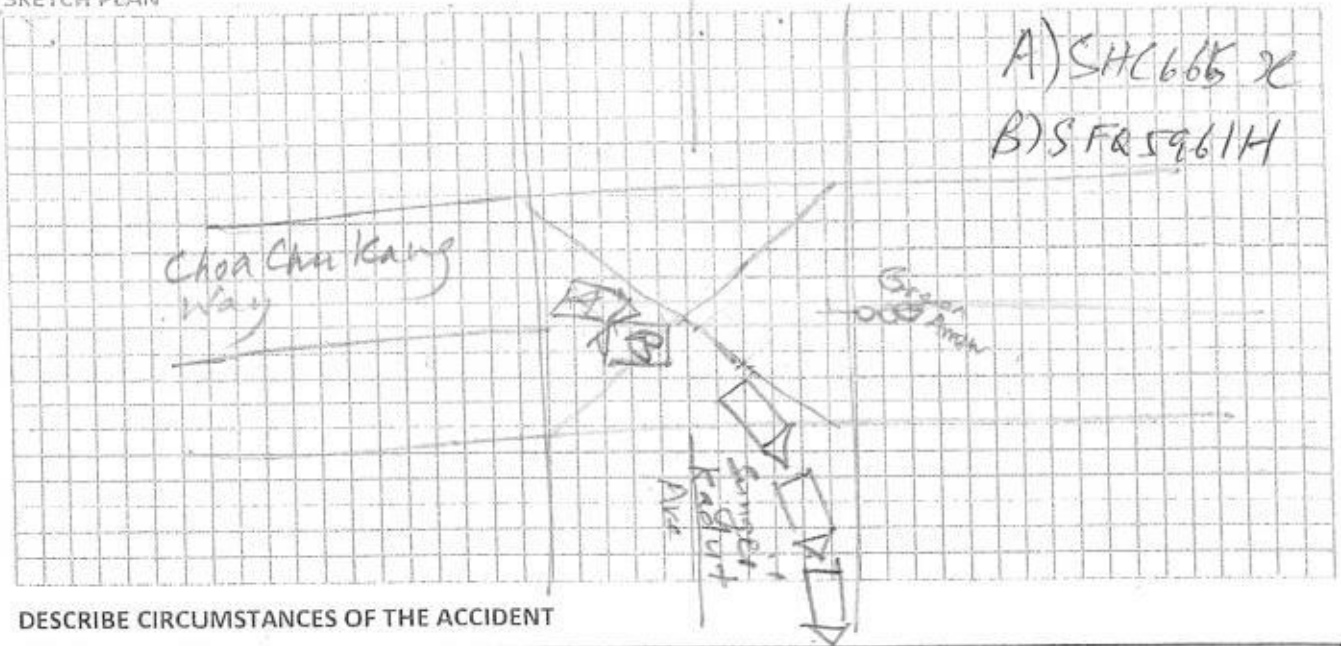
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Amended on 04.10.18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20181004/2075

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

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/20181004/2075

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20181004/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/10/2018 13:15	Vide Report No.:	Station Diary No.: 51
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: B SIVARAJ			Address: APT BLK 532 JELAPANG ROAD #10-33 SINGAPORE 670532		
ID Type / ID No.: NRIC NO / S1283543D			Contact No.: Home/Office: Mobile: 87007034		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 12/11/1958	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/09/2018 15:30	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG WAY				
Turning Towards Sungei Kadut Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC665X	Car				Totally Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20181004/2075

**CONTINUATION OF REPORT**

Driver			
Name	B SIVARAJ	ID No.	S1283543D
Related Vehicle	SHC665X (Car)	Contact No.	87007034
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/09/2018	Date Discharge	30/09/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

On 30/09/2018 at about 1530hrs, I was driving my taxi, SHC665X, travelling along Choa Chu Kang Way and turning towards Sungei Kadut Ave. At the point of time, there was 3 vehicle in front of me and it was a green arrow hence all the vehicle in front of me turned right including myself. However, when it was my turn to turn right towards Sungei Kadut Ave, a vehicle coming from the opposite direction hit onto my front right of my vehicle with a great impact.

Subsequently, police attended to my accident and rescued me from my vehicle and asked if i have called for ambulance as I was still conscious at the point of time. As for the other vehicle, there was a passenger in the vehicle and the driver was pulled out and save by his passenger. I did not managed to get the other vehicle car plate registration number or the driver particulars as i was badly injured from the impact of the collision. Thereafter, myself, the driver and his passenger of the other vehicle were conveyed to Ng Teng Fong General Hospital. I was given given treatment and was discharge on the same day. I was also given 7 days medical certificate from 30/09/2018 to 06/10/2018.



**SINGAPORE  
POLICE FORCE**



T/20181004/2075

3 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20181004/2075

**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:

J/  
Sgt 2 ANG THIAM HWEE

Signature :

Signature Of Informant:

SN 117

Signature Of Interpreter:

Not applicable

Date/Time:

04/10/2018 13:15

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Classification Of Case:

Authentication Stamp

NP168

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 2839G

#### Vehicle Details

Vehicle No.: SHC665X  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 08 Oct 2018  
Vehicle Make: HYUNDAI  
Vehicle Model: I40 1.7L CRDI AT ABS AIRBAG 4DR  
Primary Colour: Yellow  
Manufacturing Year: 2013  
Engine No.: D4FDEU439875  
Chassis No.: KMHLB41UMDU042290  
Maximum Power Output: 100.0 kW (134 bhp)  
Open Market Value: \$18,490.00  
Original Registration Date: 31 Oct 2013  
First Registration Date: 31 Oct 2013  
Transfer Count: 0  
Actual ARF Paid: \$10,990.00

#### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 30 Oct 2021  
PARF Rebate Amount: \$8,242.00

#### Intended COE Rebate Details

COE Expiry Date: 30 Oct 2021  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 8  
PQP Paid: \$61,324.00  
COE Rebate Amount: \$23,449.00  
**Total Rebate Amount: \$31,691.00**

#### Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Oct 2018

OK



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCD618128515 Vehicle Registration No: SHC665X  
Name(as shown in NRIC) : B SIVARAJ NRIC/FIN/Passport No : S1283543D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 532 JELAPANG ROAD #10-33 Singapore( 670534)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 30.09.2018 Time of Accident : 15:30  
Place of Accident : CHOA CHU KANG WAY X SUNGEI KADUT AVE  
Insurance Company: MS First Capital Insurance Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amended :

Accident Date/Time : 30.09.2018 @15:30 instead 01.10.2018 @13:30

Location Of Accident : CHOA CHU KANG WAY X SUNGEI KADUT AVE instead Unknown

DRIVER IDENTIFICATION

Reporting Only convert to Third Party

2. Upload Police Report

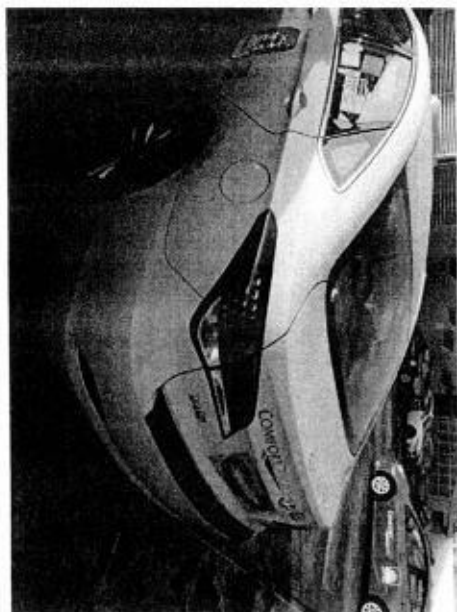
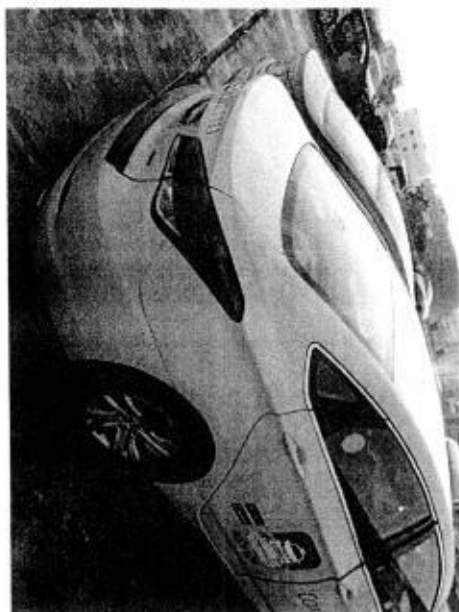
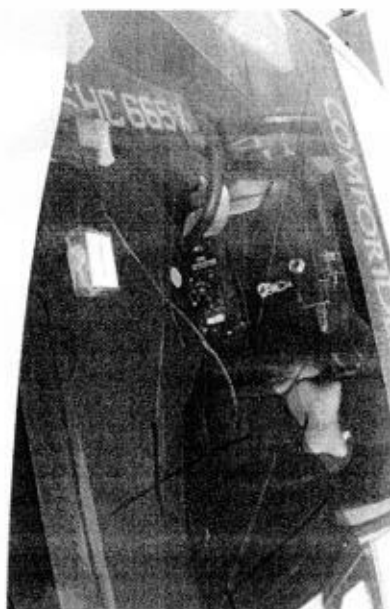
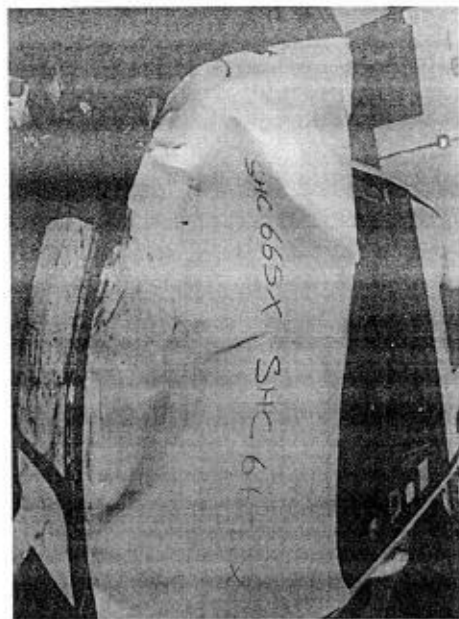
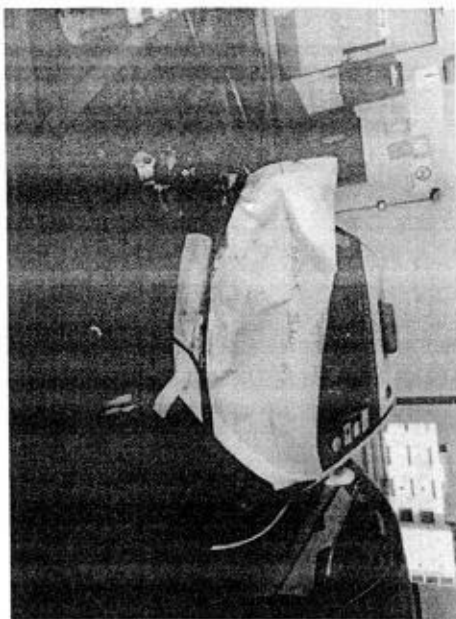
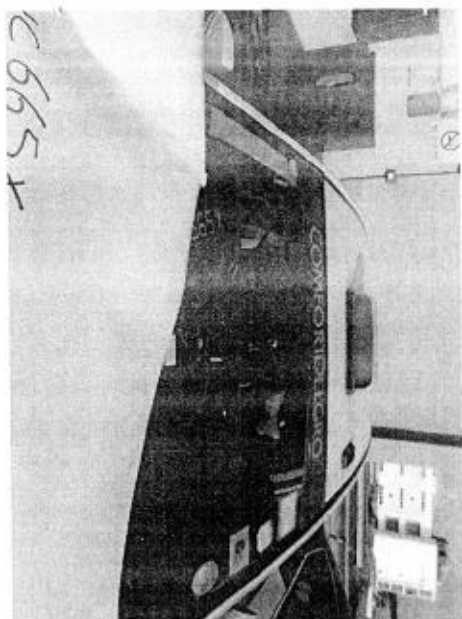
3. Rescan Amended Accident Sketch Plan

Amended Injured Person Details

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: xiao yan  
NRIC/FIN No.: \_\_\_\_\_  
Date: 04.10.2018





## CITY CAB.PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 665X

DATE 4/10/2018 11:35

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 2,265.90
	Bonnet Hinge (LH/RH)		\$ 41.00	\$ 82.00
	Bonnet Lock			\$ 36.90
	Radiator Grille			\$ 251.00
	Radiator Grille H Emblem			\$ 27.50
	Front Bumper Cover			\$ 544.50
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Grille (LH/RH)		\$ 41.60	\$ 83.20
	Front Bumper Centre Grille			\$ 178.60
	Front Bumper Lip			\$ 54.90
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	Headlamp Support Top Cover			\$ 222.60
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	Radiator			\$ 698.30
	Radiator Fan Blade,Cowling,Motor Assy			\$ 792.95
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00
	Radiator Hose Upper			\$ 36.50
	Radiator Hose Lower			\$ 36.50
	Radiator Expansion Tank			\$ 28.30
	Radiator Guard		\$ 20.00	\$ 40.00
	Horn Unit (LH/RH)		\$ 73.80	\$ 147.60
	Horn Wire			\$ 156.50
	Front Fender (RH)			\$ 566.30
	Front Fender Apron Panel (RH)			\$ 637.00
	Front Fender Shield (RH)			\$ 174.90
	Front Fender Retainer			\$ 24.60
	Air Cleaner Assy			\$ 118.60
	Air Duct			\$ 134.60
	Air Cleaner Body			\$ 112.30
	Aircon Blower Motor Unit			\$ 1,056.40
	Aircon Expansion Valve			\$ 219.50
	Aircon Sensor Pressure - Suc/Liq			\$ 238.10
	Aircon Condenser			\$ 927.50
	Aircon Suction & Liquid Hose			\$ 624.00
	Aircon Discharge Hose			\$ 162.60
	Aircon Blower Motor			\$ 271.90
	Aircon Compressor			\$ 2,578.00
	Aircon Evaporation Coil & Heater Unit			\$ 2,077.00
	Front Windscreen Glass			\$ 1,017.80
	Front Windscreen Moulding			\$ 113.30
	Front Windscreen Pillar Outer(RH)			\$ 1,745.50
	Wiper Container			\$ 61.90
	Wiper Container Motor			\$ 75.00

Tokio Marine

Henry

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Wheel Rim (RH)			\$ 325.30	
	Front Wheel Hub Cap (RH)			\$ 107.10	
	Front Wheel Bearing			\$ 150.90	
	Front Shock Absorber (Assy) (RH)			\$ 342.20	
	Front Shock Absorber Mounting (RH)			\$ 108.80	
	Front Drive Shaft (RH)			\$ 1,030.80	
	Rack & Pinion Assy			\$ 969.60	
	STG Tie End			\$ 62.60	
	Stabilizer Bar			\$ 252.30	
	Stabilizer Bar Bush (RH)			\$ 16.40	
	Stabilizer Bar Link			\$ 61.10	
	Stabilizer Bracket			\$ 24.00	
	Front Suspension Lower Arm (RH)			\$ 529.30	
	Front Chasis Member		\$ 1,060.70	\$ 2,121.40	
	Knuckle Arm (RH)			\$ 552.00	
	Engine Under Cover			\$ 334.60	
	Engine Crossmember			\$ 2,094.40	
	Engine Mtg (Front)			\$ 235.30	
	Engine Mtg (Rear)			\$ 279.60	
	Inter Cooler			\$ 1,032.50	
	Inter Cooler Mounting (2 PCS)			\$ 25.90	
	Hose B To Inter Cooler			\$ 229.70	
	Hose C To Inter Cooler Inlet			\$ 294.50	
	ABS Sensor			\$ 234.00	
	Engine Assy			\$ 19,267.80	
	Airbag Complete			\$ 2,948.50	
	Airbag Control Module			\$ 1,140.40	
	Steering Angle Assy			\$ 1,150.60	
	Sensor Assy Impact -Frt Impact			\$ 1,180.50	
	Airbag Sensor		\$ 580.00	\$ 1,160.00	
	Electric Power Steering			\$ 4,880.50	
	<b>SUB TOTAL</b>			<b>\$ 66,054.85</b>	
	<b>LESS 20%</b>			<b>\$ 13,210.97</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 52,843.88</b>	
	Front Number Plate			\$ 25.00	Nett
	Front No Plate Trim Cover			\$ 30.00	Nett
	Front Windscreen Sealant			\$ 46.00	Nett
	Front Tyre (RH)			\$ 216.00	Nett
				<b>\$ 317.00</b>	

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,800.00
	Spray Painting Charge			\$ 1,100.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 60.00
	Front Chassis Alignment Charge			\$ 400.00
	Remove/Refix Undercarriage (FRT)			\$ 200.00
	FRT Wheel Alignment			\$ 80.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Remove/Refix Dashboard			\$ 450.00
	Remove/Refix Front Windscreen Glass			\$ 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	Re-programme Air Bag & Safety Belt System			\$ 550.00
	<b>TOTAL LABOUR</b>			<b>\$ 5,100.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 58,260.88</b>
<p><i>Kalvin Luk</i></p> <p><i>5/10/18 1530 hrs.</i></p> <p><i>Front Both chassis Damaged</i></p> <p><i>unsafe to repair</i></p> <p><i>Recommend to scrap</i></p> <p><i>Book value</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>• Supplemental work(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>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>				

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Oct 2018 16:06 <a href="#">Sendback Est</a>	05 Oct 2018 16:10 <b>S\$10.00</b>	08 Oct 2018 11:09 <a href="#">Edit Adj Rpt</a>	<b>S\$10.00</b> <a href="#">Edit Estimates</a>	<b>S\$10.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

Insured:	CCPL, Co. Reg. No.: 199502839G		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHC665X	Date of Loss:	30/09/2018 15:00 - :59 [59 Months From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1804962	Policy/Cover Note No.:	MT101224 (Comprehensive) Coverage: 07/04/2018 - 06/04/2019
Vehicle Reg. No. (Insured):	SFQ5961H	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Fiona Gan Bee Song - 65926378]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN ] ... [Final Rpt due 17/10/2018]		
Adj Asg. Remarks:	PLS. CHECK CONSISTENCY OF THE DAMAGE. THKS		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

### ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									





## Claim Documents

SHC665X (M1804962)  
[SFQ5961H]  
TP  
CCPL  
Sep 30 2018 3:00PM  
[CCPL]  
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter

View View in Browser ▼

### Assessment Reports

1 per page ▼ ☒

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	05/10/18 16:10	<b>Repairer Estimates</b>		Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	08/10/18 11:10	<b>Accident Statement</b> From: SC - Reg. No: SFQ5961H, Claimant: LIM BOON CHONG		Load HTM	

### Photos/Images

3 per page ▼ ☒

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	09/10/18 09:30	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>
2	09/10/18 09:30	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>
3	09/10/18 09:30	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>
4	09/10/18 09:30	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>
5	09/10/18 09:30	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>
6	09/10/18 09:30	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>
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29	09/10/18 09:31	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>
30	09/10/18 09:31	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page ▼	✓
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
31	09/10/18 09:31	General View	 Load JPG	✓
32	09/10/18 09:31	General View	 Load JPG	✓
33	09/10/18 09:31	General View	 Load JPG	✓
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53	09/10/18 09:31	General View	 Load JPG	✓
54	09/10/18 09:31	General View	 Load JPG	✓
Documentation			1 per page ▼	✓
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	05/10/18 16:14	E-filed GIA report	 Load PDF	
2	05/10/18 16:14	E-filed GIA report	 Load PDF	

## 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: CS/TMI18018145/K1SBS2  
Date: 11/10/2018

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT101224
Claimant Vehicle No :	SHC665X	Insured Vehicle No :	SFQ5961H
Date of Loss:	30/09/2018	Nature of Claim:	TP
		Claim No:	M1804962

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC665X	Engine No:	D4FDEU439875
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMDU042290
Reg. Date:	31/10/2013 (Man. Year: 2013)	Odometer:	0 km
Colour:	Yellow		
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:	Campeon 7 mm	Rear Left Side:	Campeon 7 mm
Front Right Side:	Campeon 7 mm	Rear Right Side:	Campeon 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>10.00</b>	<b>10.00</b>	<b>0.00</b>	<b>0.00</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>0.70</b>	<b>0.70</b>	<b>0.00</b>	<b>0.00</b>
<b>Nett Amount (S\$)</b>	<b>10.70</b>	<b>10.70</b>	<b>0.00</b>	<b>0.00</b>

## INSPECTION

Date of Assignment:	08/10/2018	
Date Inspected:	05/10/2018	Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	0.0 days	

Adjuster: KALVIN ANG WEI KUN

Manager: Hiew May Fung

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

**TOTAL LOSS ASPECT**

Book Value :	\$43,083.16
OMV :	\$18,490.00
PARF Rebate (1) :	\$8,242.00
Quota Premium Paid :	\$61,324.00
COE Rebate (2) :	\$23,449.00
Total Rebate (1) + (2) = :	\$31,691.00

The total amount incurred will be Book Value \$43,083.16 minus Total Rebate \$31,691.00 = \$11,392.16 before excess.

In view of the above, the vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

## REPAIR DETAILS

### Reference

**Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 11 Oct 2018)

**Parts:** 143      HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)

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

**Print Code:** (Unsubmitted, no print-code for SHC665X)

**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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<b>Miscellaneous Items</b>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >