

ASS. REC. BY:

REF: CS/TML 8020324/Klvb n2

Special Instruction:

Surveyor:

Kalin

**ASSIGNMENT (Office)**

From (Person):

Dillen

Senthilam

TML

Date/Time: 08/12/08 5:10pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 4197J

Insured:

SHB 403Z

at Workshop m/s

Comfort Delgro

Tel:

of

S9 Luyang Dr

Policy No:

MG 000492

Claim No:

M1805714

Sum Insured:

Excess:

Make of Veh:

D.O.A.

07-11-2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

08/12/08 5:27pm

Person Contacted:

Vehicle IN OUT

Date/Time	Action/Instruction ( ✓ ) Estimate	
	SHB 4197J - 003 / CTJ 16007195 / Hlvb3 n2	Out: 180416
	SHB 403Z - 004 / TJ 17000037 / THasg2	Out: 30-12-16

Kalun  
mesimen

REF: TML

ASSIGNMENT

From: Date: 09-11-2018

Estimated Cost:

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

To inspect Vehicle No: SHB 4197J

at Workshop m/s:

of

Insured

Policy No.

Claims No.

Sum Insured:

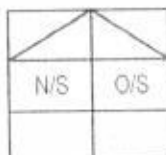
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.



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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SHB 4197J

Yr Regn:

9th 2018

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

Truck / Trailer or

Make:

Hyundai Ix

16er

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

635524

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH1B41UMB4056086

Gen. Cond: Good / F6 / Poor / Burnt

Steering: Inord6 / Jammed / Leaked / Burnt or

Brake: Inord6 / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Hamkook

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

7/11/8

D.O.I.

9/11/8

Survey held at

CDHE (loging)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

15/11/8 Ltrd c/s \$6600 / 4 pgs. (Recd 5163.90, 4490)

42

RECEIVED 16 NOV 2018

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2) 16/11- typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + PS \$

Photos

Others

TOTAL

Add Fee:



Site Insp. (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

Lump Sum / I.B.I. (\$

merimen

6600

250  
10

260

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	08 Nov 2018 16:23 <a href="#">Sendback Est</a>	08 Nov 2018 16:38 <b>S\$11,763.90</b>	08 Nov 2018 17:10 <a href="#">Edit Adj Rpt</a>				<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

Insured:	COMFORT LIMOUSINE SERVICES PTE LTD, Co. Reg. No.: 201508380W		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHB4197J	Date of Loss:	07/11/2018 23:00 - :59 [51 Months and 29 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1805714	Policy/Cover Note No.:	MG000492 (Third Party Only) Coverage: 15/10/2018 - 14/10/2019
Vehicle Reg. No. (Insured):	SGQ403Z	Policy No. (Claimant):	
		Excess:	S\$1,800.00
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 Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN ] ... [Final Rpt due 19/11/2018]		
Adj Asg. Remarks:	OUR INSD HAVE NOT REPORT THE ACCIDENT, 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 SUBFOLDER...(New Assignment)

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	08 Nov 2018 16:23 <a href="#">Sendback Est</a>	08 Nov 2018 16:38 <b>S\$11,763.90</b>	08 Nov 2018 17:10 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

## CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHB4197J	Date of Loss:	07/11/2018 23:00 - :59 [51 Months and 29 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):	SGQ403Z	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 Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 19/11/2018]		
Adj Asg. Remarks:	OUR INSD HAVE NOT REPORT THE ACCIDENT. 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.									

## 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	08/11/2018 15:19
Date Of Accident	07/11/2018 23:45
Exact Location Of Accident	TAMPINES AVE 2 TWDS TAMPINES AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4197J
<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	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-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	LEE LIN YONG @ THOMAS LEE
NRIC No	S0206330A
Date Of Birth	25/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1973
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97523349
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	212B 11-713 PUNGGOL WALK
Postcode	822212
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	RAINING
Road Surface	WET

#### 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)	1

#### 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	SGQ403Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAMESH S/O MARIMUTHU
NRIC/Passport Number	S6860711F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LEE LIN YONG @ THOMAS LEE
------	---------------------------

Approximate Age

66

Injuries Sustain

BACK

Injured person in which vehicle?

Were seat belts worn?

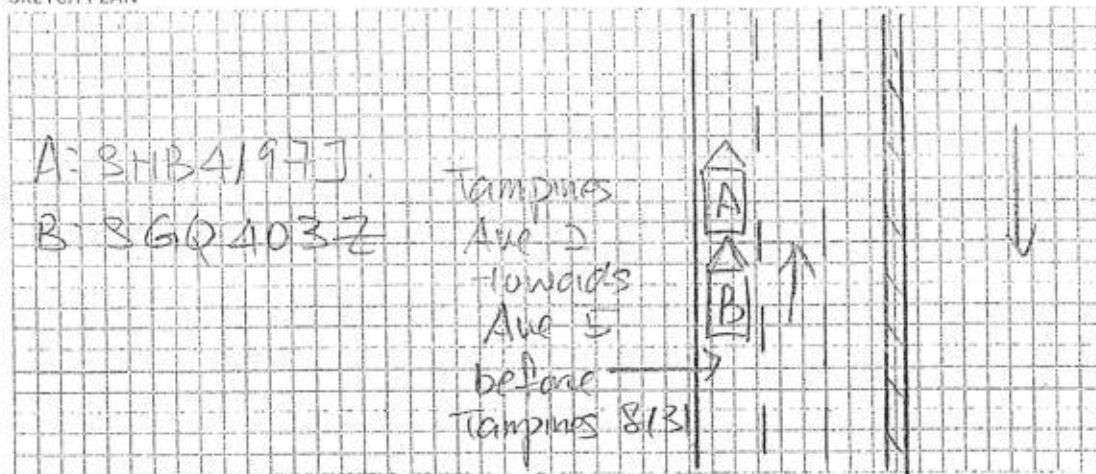
Was this injured conveyed to hospital by ambulance?

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7.11.18 after a heavy downpour the road still wet and it's still drizzling, while driving along tampines ave 2, slow down and hazard light on about to pick up a pax, and stop for about 5-5 second, suddenly a black car collided my taxi from behind, the impact was so severe, which cause the taxi to drag forward for about five, six feet away. For the ~~rest~~ whole it's also cause me a sharp pain on the back of my neck.

Thomas Lee.

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.  
CC REG. NO. 19903821R

Policyholder's Signature  
Date & Time:

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

Loke Wei Yieng

Reporting Centre Personnel's Signature  
Name:



## Sketch Plan Pg. 2

### 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. 199303821R

Lok Yee Yiang

Policyholder's Signature  
Date & Time:

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

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

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)  
 59 Loyang Drive  
 Singapore 508969  
 Tel: 6214 8300

TP INSURER:  
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

(45)

Singapore

LKK - Calvin

#### PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	07/11/2018
Vehicle Reg. No.:	SHB4197J	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	09/07/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU429953	Chassis No:	KMHLB41UMEU056086
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	8		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

#### COST OF CLAIMS

#### Amount

Parts	8,953.90
Miscellaneous Items	10.00
Labour	2,800.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>11,763.90</b>
<b>+ GST 7.00% (S\$)</b>	<b>823.47</b>
<b>Nett Amount (S\$)</b>	<b>12,587.37</b>

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

## REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Nov 2018)

Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHB4197J/08/11/2018 16:38

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		*BOOTLID <i>Repl</i>	20.00	0.00	*2,174.90 FL
2	1		*BOOTLID UPR LOCK <i>Repl</i>	20.00	0.00	*102.60 FL
3	1		*BOOTLID LWR LOCK <i>X repair</i>	20.00	0.00	*31.70 FL
4	1		*BOOTLID H EMBLEM <i>re</i>	20.00	0.00	*28.70 FL
5	1		*BOOTLID CRDI EMBLEM <i>re</i>	20.00	0.00	*27.90 FL
6	1		*BOOTLID I40 EMBLEM <i>re</i>	20.00	0.00	*27.90 FL
7	1		*BOOTLID LAMP RH <i>re</i>	20.00	0.00	*565.60 FL
8	1		*TAILLAMP RH <i>re</i>	20.00	0.00	*697.80 FL
9	1		*REAR BUMPER <i>Repl</i>	20.00	0.00	*553.00 FL
10	1		*REAR BUMPER REINFORCEMENT <i>re</i>	20.00	0.00	*428.40 FL
11	2		*REAR BUMPER REINFORCEMENT BRKT RH/LH <i>LH X RH re</i>	20.00	0.00	*160.60 FL
12	2		*REAR BUMPER SIDE BRKT RH/LH <i>LH X RH re</i>	20.00	0.00	*71.20 FL
13	1		*REAR BUMPER SPONGE <i>re</i>	20.00	0.00	*103.50 FL
14	10		*REAR BUMPER CLIPS <i>re</i>	20.00	0.00	*22.00 FL
15	1		*REAR BUMPER UNDER COVER <i>re</i>	20.00	0.00	*228.00 FL
16	1		*REAR BUMPER REFLECTOR RH <i>re</i>	20.00	0.00	*30.60 FL
17	1		*REAR END PANEL <i>X repair</i>	20.00	0.00	*526.70 FL
18	1		*REAR END LOWER PANEL <i>X repair</i>	20.00	0.00	*89.70 FL
19	1		*REAR END PANEL GARNISH <i>X re</i>	20.00	0.00	*57.70 FL
20	1		*REAR FENDER RH <i>X repair</i>	20.00	0.00	*2,171.40 FL
21	1		*REAR FENDER SHIELD RH <i>re</i>	20.00	0.00	*169.30 FL
22	1		*REAR WINDSCREEN MOULDING <i>X re</i>	20.00	0.00	*28.30 FL
23	1		*BOOTLID COMFORTDELGRO STICKER <i>re</i>	0.00	0.00	*20.00 F
24	1		*BOOTLID 65521111 STICKER <i>re</i>	0.00	0.00	*10.00 F
25	1		*REAR LICENCE PLATE <i>X re</i>	0.00	0.00	*25.00 F
26	1		*REVERSE SENSOR <i>shorted</i>	0.00	0.00	*135.70 F
27	1		*BOOTLID ADVERTISEMENT STICKER <i>re</i>	0.00	0.00	*100.00 F
28	1		*REAR BUMPER ADVERTISEMENT STICKER <i>re</i>	0.00	0.00	*50.00 F
29	2		*REAR FENDER ADVERTISEMENT STICKER RH/LH <i>re</i>	0.00	0.00	*200.00 F
30	2		*REAR WINDSCREEN SEALANT <i>X re</i>	0.00	0.00	*92.00 F
31	1		*EXHAUST MUFFLER RH <i>Repl</i>	20.00	0.00	*954.00 FL
32	1		*EXHAUST CENTRE PIPE <i>Repl</i>	20.00	0.00	*1,150.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) 11,034.20

- List Item Discount on L Items (S\$) 2,080.30

Total Parts (S\$) 8,953.90

ComfortDelGro Engineering Pte Ltd/SHB4197J/08/11/2018 16:38. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

TS

## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	700 <del>800.00</del>
2	SPRAY PAINTING	New	1,100.00 <del>800</del>
3	WIRING CHECK	New	40.00 <del>20</del>
4	TUFF KOTE	New	120.00 <del>50</del>
5	R/I UPHOLSTERY ETC	New	150.00 <del>50</del>
6	R/I REAR WINDSCREEN	New	120.00 <del>20</del>
7	R/I REVERSE SENSOR	New	120.00 <del>30</del>
8	TOWING CHARGE - KING DOLLY	New	150.00 <del>120</del>
9	R/I EXHAUST SYSTEM	New	120.00 <del>80</del>
Gross Labour Cost (S\$)			2,800.00

ComfortDelGro Engineering Pte Ltd/SHB4197J/08/11/2018 16:38. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalish 10/11/18

9/11/18 1050 hrs.

4 Days

L/S

After Rep + photo

LKK Auto Care

the Repairer

- To resurvey the damage
- To display damaged parts
- Parts prices are subject to change
- Third party survey is subject to final approval
- No illegal modifications
- Supplementary work is subject to final approval

Acknowledged by Repairer

Signature:

Date:

# OMFORDDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 679701

Mainline + 65 8383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609226

220 Ubi Road 3 Singapore 670029

24 Serangoon Loop Singapore 758156

7 Sengkang East Way Singapore 757091

501 Yishun Industrial Park A Singapore 768732

Date/Time: 08.11.2018 16:11

Page : 1

Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305236450

OMER

IS

OMER NO.

ISS

(R)

(P)

JUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SHB4197J

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

07.11.2018 23:45

YR OF MANU

09.07.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU056086

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 07.11.2018

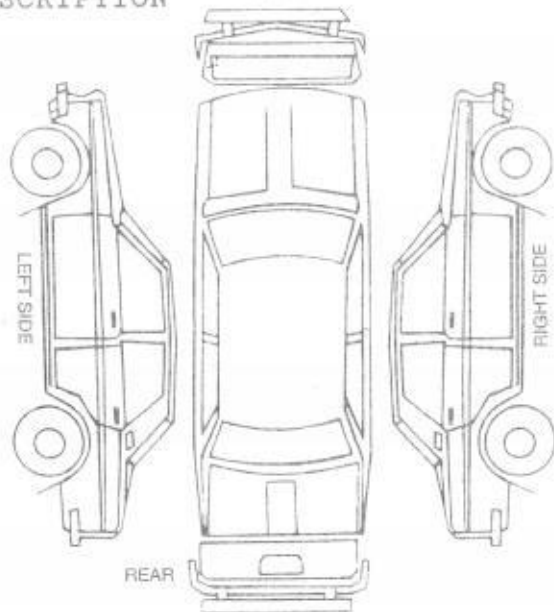
NATURE: 3P 07.11.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.:

SHB4197J

LIMITS

Vehicle No.:

SHB4197J

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>8-11-18</u> Time Received: <u>00:15</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <u>Thomas Lee</u> <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : <u>51341977</u> Vehicle No. : <u>97523349</u> Make / Model / Colour : Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: <u>77 Tanjong Pagar St 11</u>		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	
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:			

10. Odometer Reading : <u>6355.24</u>	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested					
Fuel Level : <table border="1"><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	
F	1/4	1/2	3/4	E		

### Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING		 # : Cracked X : Dented / : Scratched O : Missing <u>Thomas Lee</u> Signature of Customer
Name of Driver : <u>WTE</u>		
Vehicle No. : <u>4P7646K</u>		
Time Dispatch : <u>8-11-18</u>		
Time of Arrival : <u>0035</u>		
Time Completed : <u>0105</u>		

### Cash Invoice Details (if applicable)

13. Cash Invoice No. :	
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### Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, 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>8-11-18</u> Date	<u>                    </u> Time	<u>Thomas Lee</u> Signature of Customer
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### 14. WORKSHOP

<u>                    </u> Name of Attending Staff/Guard	<u>                    </u> Date & Time of Arrival	<u>                    </u> Signature of Attending Staff/Guard
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# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305236450  
Date : 14/11/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB4197J

Date of Accident : 07-Nov-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 --- SGQ 403Z

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**

\$6,600.00

**\$6,600.00**

3. Estimated normal period for repairs: 4 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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 15/11/18

## 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: EXHAUST CENTRE PIPE & MUFFLER RH - REPLACED

## 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/TMI18020324/K1VBN2

Date: 20/11/2018

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MG000492
Claimant Vehicle No :	SHB4197J	Insured Vehicle No :	SGQ403Z
Date of Loss:	07/11/2018	Nature of Claim:	TP
		Claim No:	M1805714

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHB4197J	Engine No:	D4FDEU439299
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU056086
Reg. Date:	09/07/2014 (Man. Year: 2014)	Odometer:	635524 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:	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	8,953.90	6,419.78	2,534.12	28.30
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	2,800.00	1,850.00	950.00	33.93
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>11,763.90</b>	<b>8,279.78</b>	<b>3,484.12</b>	<b>29.62</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>6,600.00</b>		
<b>(S\$)</b>	11,763.90	6,600.00	5,163.90	43.90
<b>+ GST 7.00/7.00% (S\$)</b>	823.47	462.00	361.47	43.90
<b>Nett Amount (S\$)</b>	<b>12,587.37</b>	<b>7,062.00</b>	<b>5,525.37</b>	<b>43.90</b>

## INSPECTION

Date of Assignment:	08/11/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	09/11/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	4.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN



*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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 20 Nov 2018)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D 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 SHB4197J)	
<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		*BOOTLID	Dented	2,174.90 FL	*2,174.90 FL
2	1		*BOOTLID UPR LOCK	Jammed	102.60 FL	*102.60 FL
3	1		*BOOTLID LWR LOCK	Repair	31.70 FL	*- FL
4	1		*BOOTLID H EMBLEM	Necessary	28.70 FL	*28.70 FL
5	1		*BOOTLID CRDI EMBLEM	Necessary	27.90 FL	*27.90 FL
6	1		*BOOTLID I40 EMBLEM	Necessary	27.90 FL	*27.90 FL
7	1		*BOOTLID LAMP RH	Cracked	565.60 FL	*565.60 FL
8	1		*TAILLAMP RH	Cracked	697.80 FL	*697.80 FL
9	1		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
10	1		*REAR BUMPER REINFORCEMENT	Cracked	428.40 FL	*428.40 FL
11	1		*REAR BUMPER REINFORCEMENT BRKT RH/LH	O/s Bent/N/s Serviceable	160.60 FL	*80.30 FL
12	1		*REAR BUMPER SIDE BRKT RH/LH	O/s Cracked/N/s Serviceable	71.20 FL	*35.60 FL
13	1		*REAR BUMPER SPONGE	Torn	103.50 FL	*103.50 FL
14	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
15	1		*REAR BUMPER UNDER COVER	Cracked	228.00 FL	*228.00 FL
16	1		*REAR BUMPER REFLECTOR RH	Cracked	30.60 FL	*30.60 FL
17	1		*REAR END PANEL	Repair	526.70 FL	*- FL
18	1		*REAR END LOWER PANEL	Repair	89.70 FL	*- FL
19	1		*REAR END PANEL GARNISH	Serviceable	57.70 FL	*- FL
20	1		*REAR FENDER RH	Repair	2,171.40 FL	*- FL
21	1		*REAR FENDER SHIELD RH	Torn	169.30 FL	*169.30 FL
22	1		*REAR WINDSCREEN MOULDING	Not Necessary	28.30 FL	*- FL
23	1		*BOOTLID COMFORTDELGRO STICKER	Necessary	20.00 F	*20.00 FS
24	1		*BOOTLID 65521111 STICKER	Necessary	10.00 F	*10.00 FS
25	1		*REAR LICENCE PLATE	Serviceable	25.00 F	*- FS
26	1		*REVERSE SENSOR	Shorted	135.70 F	*135.70 FS
27	1		*BOOTLID ADVERTISEMENT STICKER	Necessary	100.00 F	*100.00 FS
28	1		*REAR BUMPER ADVERTISEMENT STICKER	Necessary	50.00 F	*50.00 FS
29	2		*REAR FENDER ADVERTISEMENT STICKER RH/LH	Necessary	200.00 F	*200.00 FS
30	2		*REAR WINDSCREEN SEALANT	Not Necessary	92.00 F	*- FS
31	1		*EXHAUST MUFFLER RH	Bent	954.00 FL	*954.00 FL
32	1		*EXHAUST CENTRE PIPE	Bent	1,150.00 FL	*1,150.00 FL

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

Sub Total (\$\$) 11,034.20 7,895.80  
 - List Item Discount on L Items 20.00/20.00% (\$\$) 2,080.30 1,476.02

Total Parts (\$\$) 8,953.90 6,419.78

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## Recommended Miscellaneous Items

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

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	880.00	700.00
2	SPRAY PAINTING	New	1,100.00	800.00
3	WIRING CHECK	New	40.00	20.00
4	TUFF KOTE	New	120.00	50.00
5	R/I UPHOLSTERY ETC	New	150.00	50.00
6	R/I REAR WINDSCREEN	New	120.00	-
7	R/I REVERSE SENSOR	New	120.00	30.00
8	TOWING CHARGE - KING DOLLY	New	150.00	120.00
9	R/I EXHAUST SYSTEM	New	120.00	80.00
Gross Labour Cost (S\$)			2,800.00	1,850.00

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&lt; END OF ESTIMATES &gt;