

S. REC. BY:

REF: CS/7M18020609/Klv3 | ⁿ² Special Instruction:Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Menmen
Zheng Hanyangof TMIDate/Time: 14/11/18 @ 1:42pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 78844

Insured:

SDP 9652C

at Workshop m/s

Comfort Delgro

Tel:

62148300

of

59 Loyang DrivePolicy No: MW 009950

Claim No:

M1805801

Sum Insured:

Excess:

Make of Veh:

D.O.A. 13/11/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time: 2:47pm @ 14/11/18

Person Contacted:

Ng Yuk pinVehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SHA 78844 - NS/INC12023861/Hlg</u>
	<u>SDP 9652C - X.</u>

DOA: 9/12/2012

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
15/11/8	Latirud p/p \$310 / 2 hrs (Red 1296.96, 8190) Tokio 4s.

RECEIVED 16 NOV 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 16/11 - typist

Report Format: merimen

Lump Sum / I.B.I: (\$ 310 1/2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

250

10

260

Veh No: SHA 7884 U Yr Regn: 16 IL 2015

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685

Colour: Blue A/C: Insul 6 / Std / NI / NA

Sp. Reading: 201616 T/Radio: Insul 6 / Std / NI / NA

Eng/No: _____

C/No: KMHLB414A64075376

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Went late

Front

Rear

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

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

D.O.A. 13/11/8 D.O.I. 14/11/8

Survey held at CDGE (Loyang)

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

O/S Front

The UIC / Chassis frame / Body Structure affected due to collision.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Nov 2018 Sendback Est	14 Nov 2018 12:35 S\$1,336.96	14 Nov 2018 13:42 Assign				New Assignment Cancel Case

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CHRISTOPHER KANTHI KUMAR, ID: S1408025B		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA7884U	Date of Loss:	13/11/2018 21:00 - :59 [39 Months and 28 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1805801	Policy/Cover Note No.:	MW009950 (Comprehensive) Coverage: 18/11/2017 - 17/11/2018
Vehicle Reg. No. (Insured):	SDP9652C	Policy No. (Claimant):	MCOM0015
		Excess:	S\$600.00
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 Zheng Hanyang - 65926416]		
Claimant's Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 23/11/2018]		
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	14/11/2018 11:00
Date Of Accident	13/11/2018 21:25
Exact Location Of Accident	LIVIA CONDO BASEMENT CAR PARK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7884U
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	SAIFUDIN BIN SAHAT
NRIC No	S7248512B
Date Of Birth	28/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84051007
Fax Number	
Contact Number	
EMail Address	DINBOROK@HOTMAIL.COM

Address	BLK 348 UBI AVENUE 1 #02-1051
Postcode	400348
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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 / Type Of Accident : HEAD TO SIDE

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	SDP9652C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTOPHER KANTHI KUMAR
NRIC/Passport Number	S1408025B
Contact Number	
Address	
Postcode	

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

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.

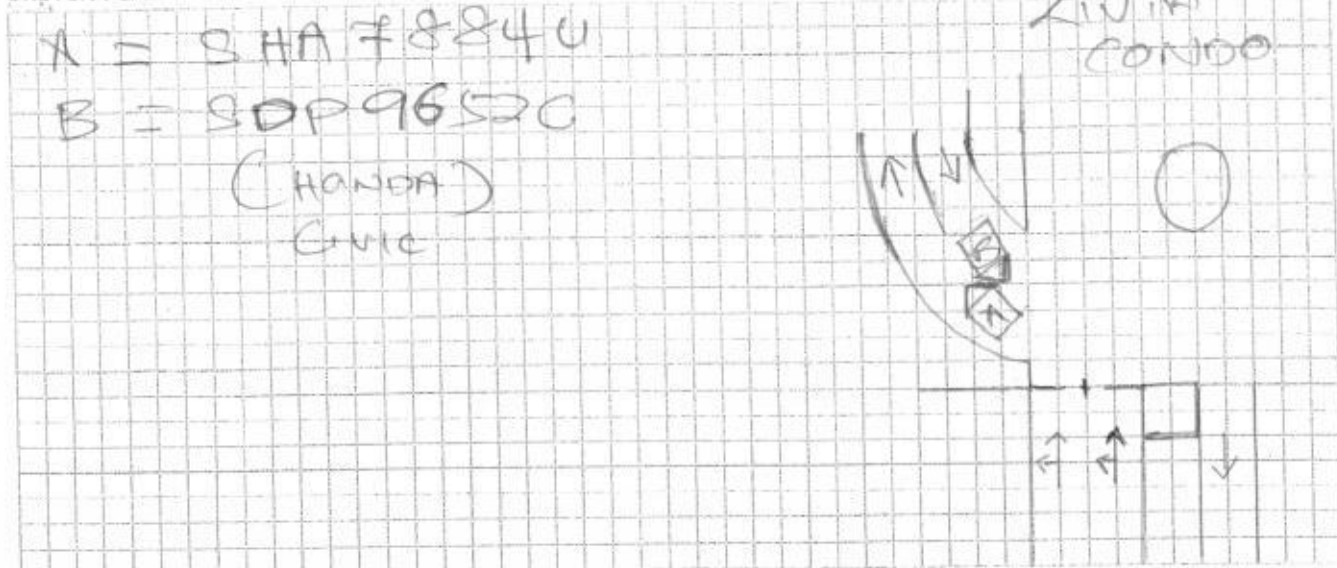
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303921R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

JUMFORT TRANSPORTATION PTE LTD
CO REG NO 102203215

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.:

H2S

Describe Circumstances of the Accident.

On 13/11/2018 @ about 21:25hrs, I was driving Pasir Ris Grove towards Livia Condo direction.

As I was driving towards to condo driveway, my passenger instructed my to drop off at the basement car park. So I slowly turning towards to driveway basement car park, suddenly a vehicle driving up the slope and collided onto my right front portion of my taxi.

02 (couple) passenger on board my taxi and no injury reported at the point of accident.

Declaration

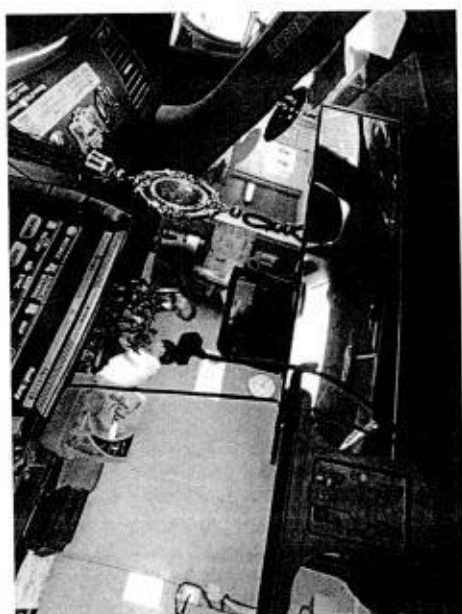
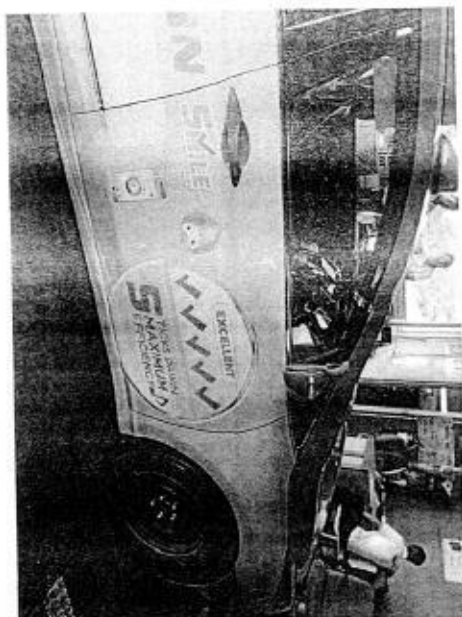
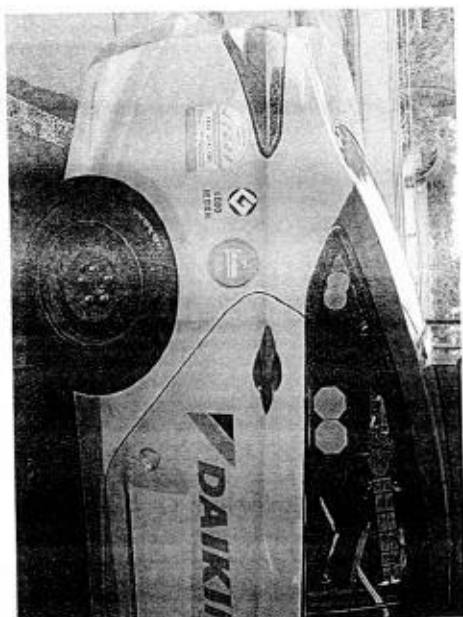
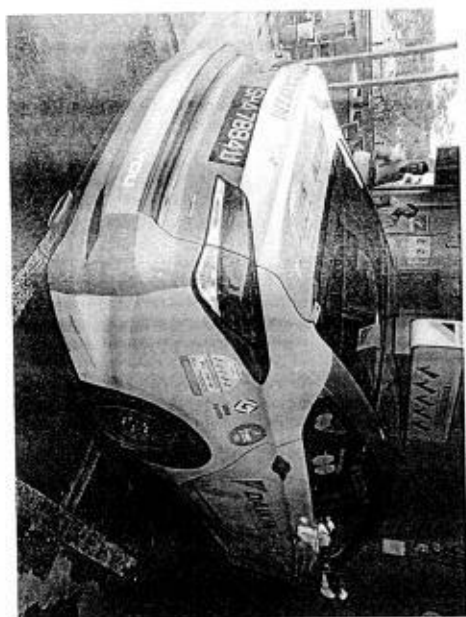
I/We declare the foregoing particulars are true in every respect.

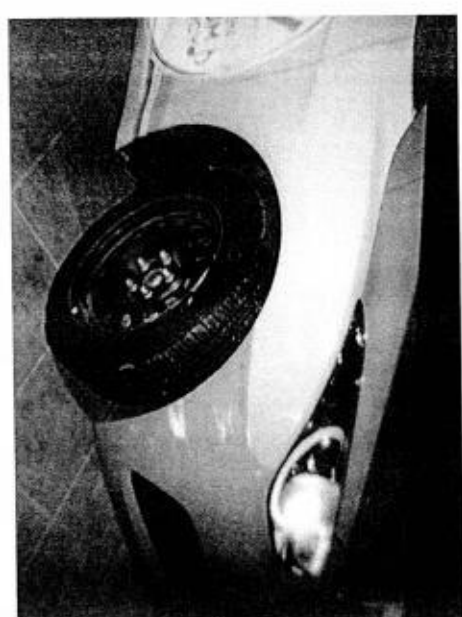
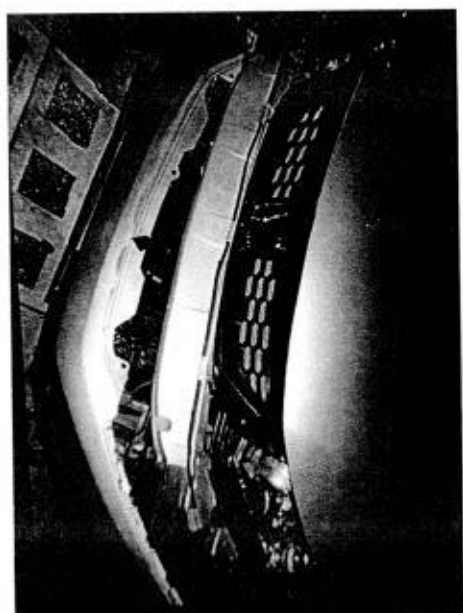
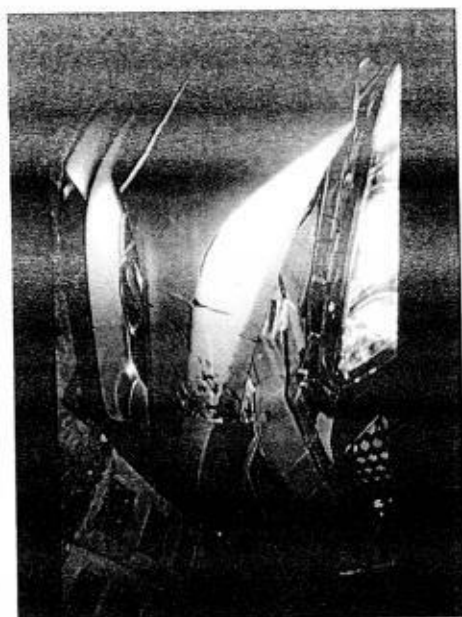
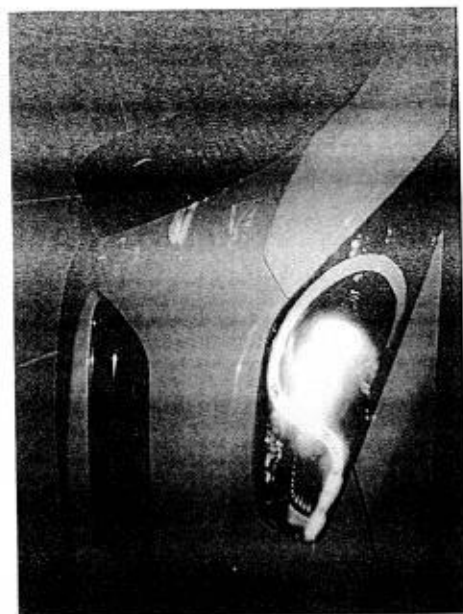
COMFORT TRANSPORTATION PTE LTD
CO REG NO 189203421F

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel





SHA7884U Claim against Tokio Marine.

Ng Nyuk Phin

Wed 14/11/2018 2:12 PM

To: sg-support@merimen.com <sg-support@merimen.com>;

Dear Officer,

We have made a mistake in the Spray Painting Charge.

Kindly send the case back to us for amendment. The correct amount should be \$300 instead of \$30.

Thanks and regards,

Larry Ng

ComfortDelgro Engineering Pte Ltd

Loyang Taxi Crash Repairs

6214 8316

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: India International Insurance Pte Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	13/11/2018
Vehicle Reg. No.:	SHA7884U	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	SAIFUDIN BIN SAHAT		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	16/07/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU529335	Chassis No:	KMHLB41UMGU075376
Odometer:	201616 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Description of Accident/Loss	PLS REFER TO ATTACHED / TYPE OF ACCIDENT : HEAD TO SIDE		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	896.96
Miscellaneous Items	10.00
Labour	430.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,336.96
+ GST 7.00% (S\$)	93.59
Nett Amount (S\$)	1,430.55

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 14 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/SHA7884U/14/11/2018 12:35

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		*FRONT BUMPER X <i>Repair</i>	20.00	0.00	*1,052.20 FL
2	1		*FRONT BUMPER BRACKET TOP - RH X	20.00	0.00	*22.40 FL
3	1		*FRONT BUMPER BRACKET - RH X	20.00	0.00	*24.60 FL
4	10		*FRONT BUMPER CLIPS X	20.00	0.00	*22.00 FL
Sub Total (S\$)						1,121.20
- List Item Discount on L Items (S\$)						224.24
Total Parts (S\$)						896.96

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA7884U/14/11/2018 12:35. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Larry Ng

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	100 400.00
2	SPRAY PAINTING	New	30.00
Gross Labour Cost (S\$)			430.00

ComfortDelGro Engineering Pte Ltd/SHA78840/14/11/2018 12:35. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

REPAIR ESTIMATE*

VEHICLE NO : SHA 7884U

DATE 14/11/2018 10:02

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X repair</i>			\$ 1,052.20
	Front Bumper Bracket Top (RH) <i>x su</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>x su</i>			\$ 24.60
	SUB TOTAL			\$ 1,099.20
	LESS 20%			\$ 219.84
	DISCOUNTED TOTAL			\$ 879.36
	Labour Charge			
	Panel Beating			\$ 400.00 <i>100</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	<i>Merimen fee \$10 - su</i>			
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 1,579.36

*Kalvin LKK**14/11/18 14:24**2 by 2**4/5**After Repair - p Loh**Larry Ng*

LKK Auto Services

the Repairer is responsible for:

- To return the vehicle to the owner
- To display damage label
- Parts price list
- Third party claims
- No illegal modification
- Supply of parts and labour

is subject to final approval by the 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.

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CHRISTOPHER KANTHI KUMAR

Singapore

Claimant Insurer: India International Insurance Pte Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:	MW009950	Date of Loss:	13/11/2018
Vehicle Reg. No.:	SHA7884U	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	SAIFUDIN BIN SAHAT		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	16/07/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	R16B25100386	Chassis No:	MRHFB1630FP000174
Odometer:	201616 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Description of Accident/Loss	ACCT INVOLVING INSD'S VEH; SDP9652C & SHA7884U AT LIVIA CONDO BASEMENT CARPARK DRIVEWAY		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	896.96
Miscellaneous Items	10.00
Labour	700.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,606.96
+ GST 7.00% (S\$)	112.49
Nett Amount (S\$)	1,719.45

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 14 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/SHA7884U/14/11/2018 17:12	
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		*FRONT BUMPER R	20.00	0.00	*1,052.20 FL
2	1		*FRONT BUMPER BRACKET TOP - RH SvC	20.00	0.00	*22.40 FL
3	1		*FRONT BUMPER BRACKET - RH SvC	20.00	0.00	*24.60 FL
4	10		*FRONT BUMPER CLIPS nn	20.00	0.00	*22.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	1,121.20
- List Item Discount on L Items (\$\$)	224.24
Total Parts (\$\$)	896.96

ComfortDelGro Engineering Pte Ltd/SHA7884U/14/11/2018 17:12. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

10.00

Sub Total (S\$)

10.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

400.00 100

2 SPRAY PAINTING

New

300.00 300

Gross Labour Cost (S\$)

700.00

ComfortDelGro Engineering Pte Ltd/SHA7884U/14/11/2018 17:12. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

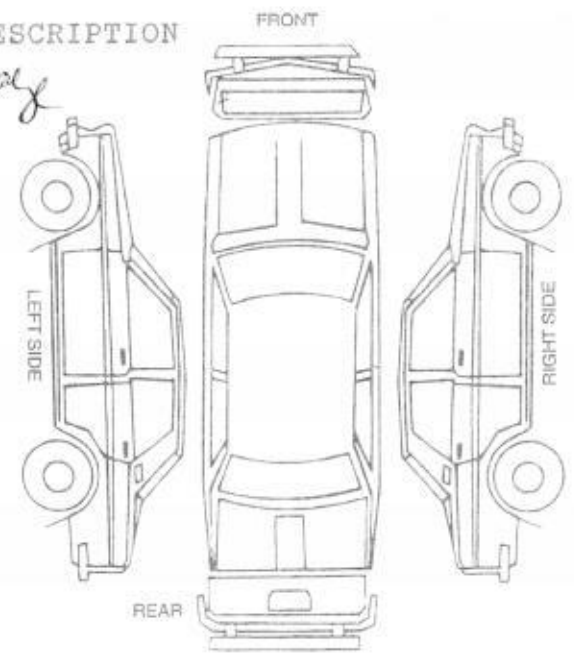
< END OF ESTIMATES >

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305238907
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHA7884U	MILEAGE	
VMS	7010045	MAKE: HYUNDAI	FUEL	
ISTOMER NO.	383 SIN MING DRIVE	MODEL I-40	E.....1/2.....F	
DRESS	Singapore SINGAPORE 575717	DATE/TIME IN	14.11.2018 09:30	
(R)	65508755	YR OF MANU	16.07.2015	TARGET DATE
(P)		CHASSIS CODE	KMHLB41UMGU075376	COMPLETION DATE/TIME:
3COUNT CARD NO.				

Accident Date: 13.11.2018
NATURE: 3P 13.11.2018 (C)

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		TOKIO - Right Front damage LKK/Kalvin -



IECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
owledgement Slip	Exit Pass
3:	
o.:	
le No.:	SHA7884U LARRY
Signature/Date	Vehicle No.: SHA7884U
Name of Service Advisor	Date
returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.11.2018

REPAIR ESTIMATE

Time: 14:17:04

Page: 1

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

JOB NO : 305238907
REGN NO : SHA7884U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.07.2015
DATE/TIME IN : 14.11.2018 09:30
ACCIDENT DATE : 13.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING	100.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	MERIMEN	10.00

SUB-TOTAL : 310.00

TOTAL : 310.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305238907
Date : 15. Nov. 2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA7884U

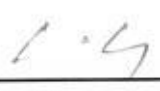
Fax :


Date of Accident: 13. Nov. 2018

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

1. The repair job shall bill to: TOKIO SDP9652C
2. The finalized amount shall be:
 - (a) Spare Parts after List discount /
 - (b) Labour Charges \$310.00
 - Total for Part-By-Part Repair Cost**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____
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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

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				
3. Survey Fees				
4. LTA Search Fee				
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: CS/TMI18020609/K1VD3N2

Date: 20/11/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MW009950
Claimant Vehicle No :	SHA7884U	Insured Vehicle No :	SDP9652C
Date of Loss:	13/11/2018	Nature of Claim:	TP
		Claim No:	M1805801

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7884U	Engine No:	D4FDFU529335
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU075376
Reg. Date:	16/07/2015 (Man. Year: 2015)	Odometer:	201616 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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	896.96	0.00	896.96	100.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	700.00	300.00	400.00	57.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	1,606.96	310.00	1,296.96	80.71
+ GST 7.00/7.00% (\$\$)	112.49	21.70	90.79	80.71
Nett Amount (\$\$)	1,719.45	331.70	1,387.75	80.71

INSPECTION

Date of Assignment:	14/11/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	14/11/2018	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: 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

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 20 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: (Unsubmitted, no print-code for SHA7884U)	
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		*FRONT BUMPER	Repair	1,052.20 FL	*- FL
2	1		*FRONT BUMPER BRACKET TOP - RH	Serviceable	22.40 FL	*- FL
3	1		*FRONT BUMPER BRACKET - RH	Serviceable	24.60 FL	*- FL
4	10		*FRONT BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
F=Franchise part. L=ListItemDisc.						
Sub Total (S\$)					1,121.20	0.00
- List Item Discount on L Items 20.00/20.00% (S\$)					224.24	0.00
Total Parts (S\$)					896.96	0.00

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	400.00	100.00
2	SPRAY PAINTING	New	300.00	200.00
Gross Labour Cost (\$\$)			700.00	300.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >