

ASS. REC. BY:

REF: CS/SMD18021076 / KHBnz

Special Instruction:

SURVIVOR

Khalvin

ASSIGNMENT (Office)

Mortimer

From (Person):

Agnes Chun

of

SMD

Date/Time: 21-11-2018 320pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 1461K

Insured:

FBJ 1753C

at Workshop m/s

Comfort Delgo

Tel:

of

59 Legung Dne

Policy No:

DISTMTCO1007315

Claim No:

GNT01805082

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 17112018

CA / REV / REP. / REV 24 HRS w/p

H.O.D. Endorsement:

Date/Time:

21.11.2018 328pm

Person Contacted:

Mr Lim

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 1461K - CS / LCR 18006446 / Kijazg2

DIA: 050418

FBJ 1753C - CS / CTR 7002152 / Ghss2

DIA: 2402017

22/11/2018 Revised via menmen preli advise.

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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: _____

ADAC Accident Report: _____ 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

Veh No: SHC1461K Yr Regn: 81 Ton, 2017

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

Truck / Trailer or

Make: Hyundai Tucson c.c. 1580

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

Sp. Reading: 174589 T/Radio: Insu 6 / Std / NI / NA

Eng/No: _____

C/N: KMHCB51CVH4017977

Gen. Cond: Good / Fa 6 / Poor / Burnt

Steering: Inord 6 / Jammed / Leaked / Burnt or

Brake: Inord 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 / Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front: 7 mm Rear: 7 mm

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

D.O.A. 17/11/18 D.O.I. 20/11/18

Survey held at CDGE (Loyang)

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

O/S Front

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

| Date / Time | Action / Instruction |
|-------------|---------------------------------------------------|
| 26/11/18 | Advised PIP \$2x6x.85/3 Rys. Red: 1626.19, 39% |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 30 NOV 2018

Date/Time, File Pass to? ☐ : Prell. Report

30/11/18 Typist ☒ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I: (\$) 2464.35

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

| | |
|-----------------|-----|
| Survey Fee: | |
| Transportation: | 250 |
| | 10 |
| Photos | |
| Others | |
| TOTAL | 260 |

Note: This document has not been finalised.

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

To: Somp Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06, Singapore Land Tower
Singapore 048623

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: CHAN SHU HUI AGNES

Date: 22 Nov 2018

Preliminary Advice

| | | | |
|--------------------|-----------------------------------------------------------------------------------------|-------------------------|--------------|
| Insured Vehicle No | : FBJ1753C | Accident Date | : 17/11/2018 |
| TP Vehicle No | : SHC1461K | Assignment Date | : 21/11/2018 |
| Make | : HYUNDAI AE IONIQ HEV DCT | Est. Duration of Repair | : 3.00 |
| Date of Inspection | : 21/11/2018 | | |
| Inspection At | : COMFORTDELGRO ENGINEERING PTE LTD - PANDAN (HQ) 45 PANDAN ROAD SINGAPORE 609286 | | |

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s front portion and parts claimed are consistent to the accident.

| | | |
|-----------------------------|------|----------|
| Repairer's Estimate (Gross) | :S\$ | 4,069.76 |
| Revised Amount | :S\$ | 2,546.56 |
| Check Items (Estimated) | :S\$ | 22.40 |
| Total | :S\$ | 2,568.96 |

Lump Sum Repair :S\$

Total Loss Consideration

| | |
|--------------------|------|
| New for Old Value | :S\$ |
| Pre-Accident Value | :S\$ |
| COE / PARF Rebate | :S\$ |
| Salvage Value | :S\$ |
| Margin for Repair | :S\$ |

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (x) Other comments : Survey on "WP"

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--------------------------------|---------|---------------|------------|--------------------------------------|
| Main | 19 Nov 2018 | | 21 Nov 2018 15:20 Assign | | | | New Assignment Cancel Case |

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

| | | | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------|----------------------|
| Insured: | ZAIHANDY BIN ZULKIFLI, ID: S9625466J, Tel: +6587422276, Email: zaihandy2009@gmail.com | | | [Created by insurer] |
| Main Claimant: | COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R | | | |
| Vehicle Reg. No.: | SHC1461K | Date of Loss: | 17/11/2018 21:00 - :59 [21 Months and 17 Days From LTA Reg Date (Man Yr)] | |
| Claim Type: | TP / CMTD1805082 | Policy/Cover Note No.: | D18MTMC01007315 (TP, Fire & Theft) | |
| Vehicle Reg. No. (Insured): | FBJ1753C | Policy No. (Claimant): | | |
| | | Excess: | | |
| Repairer: | Comfortdelgro Engineering Pte Ltd - Pandan (HQ) 45 PANDAN ROAD, 609286 West Coast - Tel: | | | |
| Handling Insurer: | Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by CHAN SHU HUI AGNES - 6329 5327] | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 30/11/2018] | | | |
| Driver/Custodian (Insured): | ZAIHANDY BIN ZULKIFLI (22 / Male), NRIC: S9625466J, Tel: +6587422276 | | | |

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 | 20/11/2018 15:12 |
| Date Of Accident | 17/11/2018 21:30 |
| Exact Location Of Accident | PIE TOWARDS TUAS BEF CORPORATION EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC1461K |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | FLEETSAFETY@CDGTAXI.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |

Vehicle Particulars

| | |
|--------------|--------------|
| Manufacturer | HYUNDAI |
| Model | IONIQ HYBRID |

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? 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 | LIM WEI CHOON @ ABD SYAHID LIM |
| NRIC No | S7927609Z |
| Date Of Birth | 23/08/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/07/1999 |
| Driving Experience | 19 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94529148 |
| Fax Number | |
| Contact Number | |
| Email Address | SYAHID2LIM@GMAIL.COM |

| | |
|-----------------------------------------------------|--------------------------------|
| Address | 363B 02-299 BUKIT BATOK STREET |
| Postcode | 650363 |
| 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 | COLLIDED INTO MOTORCYCLIST |
| 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) | 3 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |

Details of Police Action

| | |
|-------------------------------------------|-------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | TP HQ |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBJ1753C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | ZAIHANDY BIN ZULKIFLI |
| NRIC/Passport Number | S9625466J |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ZAIHANDY BIN ZULKIFLI

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

FBJ1753C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LIM WEI CHOON @ ABD SYAHID LIM

Approximate Age

39

Injuries Sustain

NECK

Injured person in which vehicle?

SHC1461K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

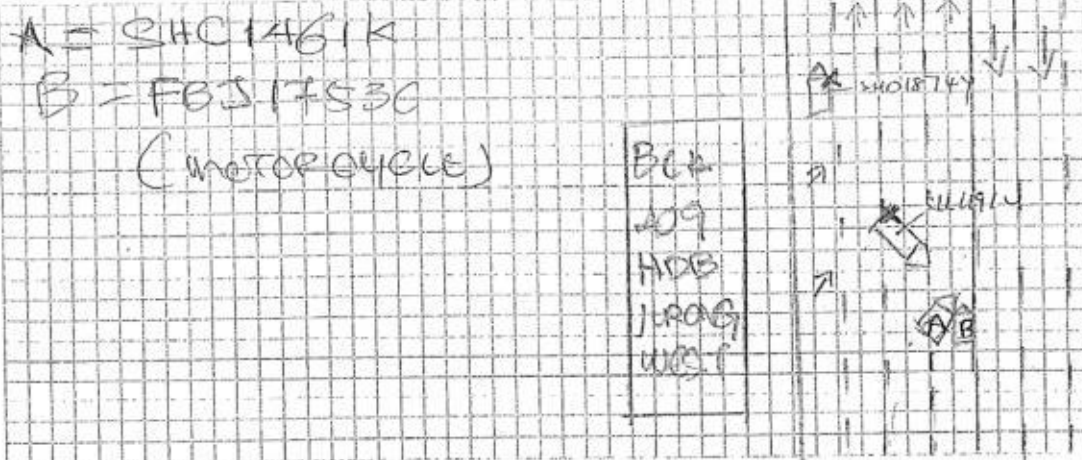
YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report @
T/2018/1119/2133

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO INSURANCE NO 157003221R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Sketch Plan Pg. 2



SINGAPORE
POLICE FORCE



T/20181119/2133

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181119/2133

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|--------------------|
| Date/Time Report Made: 19/11/2018 18:05 | Vide Report No.: | Station Diary No.: |
|--------------------------------------------|------------------|--------------------|

Informant's Particulars

| | | | | |
|--------------------------------------------------------|------------|------------------------------|---------------------------------------------------------------------------|----------------------------|
| Name of Informant: LIM WEI CHOON @ ABDUL SYAHID LIM | | | Address: APT BLK 363 BUKIT BATOK STREET 31 #02-299 SINGAPORE 650363 | |
| ID Type / ID No.: NRIC NO / S7927609Z | | | Contact No.: Home/Office: Mobile: 94529148 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 39 | Date of Birth: 23/08/1979 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | | |
|-------------------------------------------------------------------------------------|---------------------------------|------------------------------------|--------------------------------------------|-------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 17/11/2018 21:30 | Type of Location: |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY TWDS TUAS BEF COPARATION EXIT | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-------------------|-----------------|
| FBJ1753C | Motorcycle | | | | | 0 |
| SHC1461K | Car | | | | Seriously Damaged | 2 |
| SHD1874Y | Car | | | | | 0 |
| SLL1191U | Car | | | | | 0 |



SINGAPORE
POLICE FORCE



T/20181119/2133

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 o.

Report No. T/20181119/213

CONTINUATION OF REPORT

Brief Details.

On or about 17 November 2018, at or around 9:32pm, I was driving my taxi SHC 1461K. I picked up a Chinese male passenger at JEM shopping mall. Thereafter, I was requested by the same Chinese male passenger to pick up his friend, a Chinese female passenger at Block 555, Jurong West Street 42. I was requested to ferry both passengers to Jurong West Street 92.

The weather was clear and the road surface was dry. Traffic was moderate.

I exited Jurong Canal Drive and entered PIE. Not long after I exited Jurong Canal Drive, I signaled right and move my vehicle towards the second lane counting from the right. My intention is to exit Pioneer Road North along PIE.

While I was traveling on the 2nd lane (counting from the right) of PIE, suddenly, I heard a loud bang on my left and subsequently, a Honda Vezel (SLL 1191U) lost control and the vehicle swerved from the lane on my left onto my lane of travel and the vehicle ended up in a perpendicular resting position in front of me around 2 to 3 vehicle's length away. Upon seeing so, I applied emergency brakes and signaled right wanting to avoid colliding into the Honda Vezel (SLL 1191U). After checking my rear / side mirrors confirming that there is no oncoming vehicles coming from my right rear, I slowly turn out from my lane of travel (2nd lane of PIE), with my taxi already substantially traveling on the 1st lane / extreme right lane of PIE, suddenly, a motorcycle (FBJ 1753C) collided into the right front portion of my taxi.

After the impact, I then discovered it was a silver taxi (SHD 1874Y) that firstly collided into Honda Vezel (SLL 1191U) causing Honda Vezel (SLL 1191U) to lost control. I wish to state that after the accident, both myself and the rider of FBJ 1753C was injured.

About half an hour later after the impact, a Chinese male by the name of Ng Choon Keong (NRIC No. S6901552B) came over admitting he is the driver of SHD 1874Y. He claimed that his brakes was faulty after the impact with the Honda Vezel (SLL 1191U) and he had to stop his vehicle far ahead.

Traffic Police was present at the accident scene. I was thereafter sent to Ng Teng Fong General Hospital via ambulance after the accident and my taxi was towed to the Traffic Police compound.

The particulars of each driver's details are as follows:-

Ng Zhi Siong (NRIC No. S8439502A), driver of SLL 1191U

Ng Choon Keong (NRIC No. S6901552B), driver of SHD 1874Y

Zaihandy Bin Zulkifli (NRIC No. S9625466J), rider of FBJ 1753C

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20181119/2133

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20181119/2133

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/11/2018 18:05

Classification Of Case:



SINGAPORE
POLICE FORCE

REPAIR ESTIMATE*

MAKE :

DATE 21/11/2018

1215

Page 1 of 1

No key!

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline +65 6353 0280 Facsimile +65 6280 8755

Service Centres

205 Braddell Road Singapore 579701 88 Loyang Drive Singapore 508909

45 Pandan Road Singapore 609280 383 Sin Ming Drive Singapore 575717

7 Sungei Kadut Way Singapore 725791 320 Ubi Road 3 Singapore 408649

24 Bendua Loop Singapore 758156

6553 1111

SPARK Assist
Recovery • Towing • Accident

Appointed Partners



Job Requisition

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Date: <u>20/11/18</u> Time Received: <u>1430</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 <input type="checkbox"/> Crane-up |
| 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Comfort Delgro</u> Contact No.: <u>Loyang</u> Vehicle No.: <u>62148313</u> Make / Model / Colour: <u>SHC 1461K</u> Email: <u>IONIQ</u> | 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>Traffic police pound 517 Airport Rd.</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 checked="" 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: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E | 11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

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 Name of Driver: <u>SAM</u> Vehicle No.: <u>YN3976U</u> Time Dispatch: <u>1430</u> Time of Arrival: <u>1500</u> Time Completed: <u>1545</u> | 11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested | <p># : Cracked X : Dented / : Scratched O : Missing</p> <p>Signature of Customer</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

Cash Invoice Details (if applicable)

| |
|-----------------------|
| 13. Cash Invoice No.: |
|-----------------------|

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™.

| | | |
|-----------------------|-------------------|------------------------|
| Date: <u>20/11/18</u> | Time: <u>1500</u> | Signature of Customer: |
|-----------------------|-------------------|------------------------|

14. WORKSHOP

| | | |
|-------------------------------|------------------------|------------------------------------|
| Name of Attending Staff/Guard | Date & Time of Arrival | Signature of Attending Staff/Guard |
|-------------------------------|------------------------|------------------------------------|

Date/Time: 21.11.2018 08:16

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305241466

TOMER

MS COMFORT TRANSPORTATION PTE LTD
7010045
TOMER NO. 383 SIN MING DRIVE
RESS: Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

OUNT CARD NO.

REGN NO.:

SHC1461K

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ

DATE/TIME IN

17.11.2018 21:30

YR OF MANU

31.01.2017

TARGET DATE

CHASSIS CODE

KMHC851CVHU017977

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.11.2018

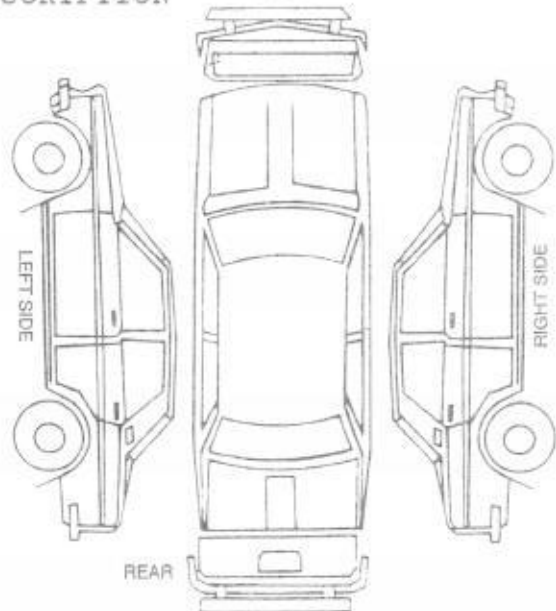
NATURE: TP/3P 17.11.18/C *Pending Car Key*

S/NO

LABOR CODE

DESCRIPTION

FRONT



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHC1461K
LIMTS

Vehicle No.: SHC1461K

Signature/Date

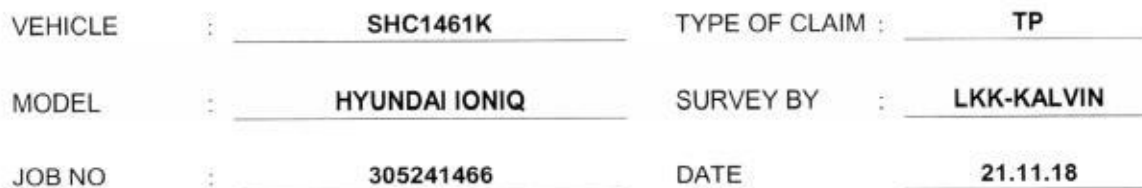
Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

[illegible]

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

JOB NO : 305241466
 REGN NO : SHC1461K
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ
 DATE OF REGN : 31.01.2017
 DATE/TIME IN : 17.11.2018 21:30
 ACCIDENT DATE : 17.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|---------------------------|---|----------|-------|--------|
| 0001 04-01-0104-2292-G | FRONT BUMPER | 1 | 418.30 | 25.00 | 313.72 |
| 0002 04-01-0104-0573-G | FRONT FENDER RH | 1 | 490.70 | 25.00 | 368.02 |
| 0003 03-01-0104-2020-G | FRT WHEEL SPORT RIM RH | 1 | 1,124.20 | 25.00 | 843.15 |
| 0004 04-01-0104-3913-G | FRT FENDER BLUE DRIVE RH* | 1 | 26.60 | 25.00 | 19.95 |

SUB-TOTAL : 1,544.84

JOB NATURE

| | | |
|-------------|------------------------------|--------|
| 0000 L | PANEL BEATING | 300.00 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 400.00 |
| 0002 17-01 | CHECK ALL LIGHTING | 20.00 |
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | 20.00 |
| 0004 23-01 | TOWING FEE-King Dolly | 120.00 |
| 0005 L | R/I REVERSE SENSOR | 60.00 |

SUB-TOTAL : 920.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 23.11.2018

Time: 18:32:16

REPAIR ESTIMATE

Page: 2


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

JOB NO : 305241466
REGN NO : SHC1461K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ
DATE OF REGN : 31.01.2017
DATE/TIME IN : 17.11.2018 21:30
ACCIDENT DATE : 17.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,464.84



MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305241466

Date : 26/11/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC1461K

Date of Accident : 17-Nov-18

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

1. The repair job shall bill to: SOMPO INS --- FBJ1753C

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,544.85

(b) Labour Charges \$920.00

Total for Part-By-Part Repair Cost \$2,464.85

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 26/11/18

Fax : 65468156

For Official Use Only

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

Remarks:

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/SMO18021073/K1TBN2

Date: 04/12/2018

REFERENCE

| | | | |
|-----------------------|-------------------------------------|----------------------|-----------------|
| Handling Insurer: | Sompo Insurance Singapore Pte. Ltd. | Policy No: | D18MTMC01007315 |
| Claimant Vehicle No : | SHC1461K | Insured Vehicle No : | FBJ1753C |
| Date of Loss: | 17/11/2018 | Nature of Claim: | TP |
| | | Claim No: | CMTD1805082 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|-----------------------------------|-------------|-------------------|
| Reg No: | SHC1461K | Engine No: | G4LEGU303211 |
| Make & Model: | HYUNDAI AE IONIQ HEV DCT, 1.6 (A) | Chassis No: | KMHC851CVHU017977 |
| Reg. Date: | 31/01/2017 (Man. Year: 2016) | Odometer: | 174589 km |
| Colour: | Blue | | |
| Engine Capacity: | 1580 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: | Steering (Serviceable): | Yes | Footbrake (Serviceable): | Yes |
| Handbrake (Serviceable): | Yes | Engine Modification: | No | Pre-accident Condition: |

CONDITION OF TYRES

| | | | |
|-------------------|------------|------------------|------------|
| Front Tyre Size: | 195/65R15 | Rear Tyre Size: | 195/65R15 |
| Front Left Side: | Nexen 7 mm | Rear Left Side: | Nexen 7 mm |
| Front Right Side: | Nexen 7 mm | Rear Right Side: | Nexen 7 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--------------------------------|-----------------|-----------------|-----------------|--------------|
| Parts | 2,721.04 | 1,544.85 | 1,176.19 | 43.23 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 1,370.00 | 920.00 | 450.00 | 32.85 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (\$\$) | 4,091.04 | 2,464.85 | 1,626.19 | 39.75 |
| + GST 7.00/7.00% (\$\$) | 286.37 | 172.54 | 113.83 | 39.75 |
| Nett Amount (\$\$) | 4,377.41 | 2,637.39 | 1,740.02 | 39.75 |

INSPECTION

| | | |
|---------------------|------------|-----------------------------------------------------------------------------|
| Date of Assignment: | 21/11/2018 | |
| Date Inspected: | 21/11/2018 | Inspected At: |
| | | COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969 |

Estimated Period of Repair: 3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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: | (Last Synchronised: 04 Dec 2018) |
| Parts: | N/A HYUNDAI AE IONIQ HEV DCT 1.6 (A) (Model not available in database) |
| Labour: | Repairer's (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SHC1461K) |
| 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 COVER | Cracked | 418.30 FL | *418.30 FL |
| 2 | 1 | | *FRONT BUMPER BRACKET (RH) | Serviceable | 28.00 FL | *- FL |
| 3 | 1 | | *HEADLAMP (RH) | Serviceable | 1,198.80 FL | *- FL |
| 4 | 1 | | *FRONT FENDER (RH) | Dented | 490.70 FL | *490.70 FL |
| 5 | 1 | | *FRONT FENDER SHIELD (RH) | Serviceable | 114.70 FL | *- FL |
| 6 | 1 | | *FRONT WHEEL RIM (RH) | Grazed | 1,124.20 FL | *1,124.20 FL |
| 7 | 1 | | *FRONT FENDER BLUE DRIVE RH | Necessary | 26.60 FL | *26.60 FL |
| F=Franchise part. L=ListItemDisc | | | | | | |
| Sub Total (\$\$) | | | | | 3,401.30 | 2,059.80 |
| - List Item Discount on L Items 20.00/25.00% (\$\$) | | | | | 680.26 | 514.95 |
| Total Parts (\$\$) | | | | | 2,721.04 | 1,544.85 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-------------------------|--------------------------|----------|-----------------|---------------|
| Labour Items | | | | |
| 1 | PANEL BEATING | New | 500.00 | 300.00 |
| 2 | SPRAY PAINTING CHARGE | New | 500.00 | 400.00 |
| 3 | WIRING CHARGE | New | 50.00 | 20.00 |
| 4 | TUFF KOTE | New | 50.00 | 20.00 |
| 5 | TOWING CHARGE-KING DOLLY | New | 150.00 | 120.00 |
| 6 | FRT WHEEL ALIGNMENT | New | 120.00 | 60.00 |
| Gross Labour Cost (S\$) | | | 1,370.00 | 920.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >