ASS. REC. B	WI 11/1 1 1	8021159/Kl	103/ Special Instruction	n:
THU DUTALLY	ASSIGNA	IENT (Office)		
From (Person	n): Telma GoMez of	IMI	Date/Time:	22/11/18@22SP
Estimated Co	ost:	Bill to:		
OD / TP /W	VS/TP RES / OD RES / EVA / INV / MV	·CS		
To Inspect V	Vehicle No: SHC 8306	E	Insured:	X1228Z
at Workshop	comfort Delan)	Tel: 621	48300
of	SA Layloka	Drive		
Policy No:_	MJ601052 39 10419	Claim No:	M1805950	
Sum Insured		Excess:		
Make of Vel (Client's Recon			D.O.A. 2	/11/2018
CA / REV	/ REP. / REV 24 HRS (WY)		HOD End	orsement:
	2.27pm6 22/1118 Person Contacted:	jumeni	Vehicle (IN)	OUT
Date/Time	Action/Instruction () Estimat	e E		
	8HA 8306F -X		ē!	
	PC 12287 -x.			
			E.	

Zirveya: KOJVIN REF:	APP .
ASSI	GNMENT
From: Date:	C11, 97-15 61
Estimate@Cost:	Veh No: SHC 85 0 6E Yr Regn: 6 Ay , 2 /9
ODITP INSITE RESIDERES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / T di / Prime Mover / Truck / Trailer or
o Insped Vehicle No:	11-1-
ei Workshop m/s	
ul	Sp.Reading 49 2/29 T/Radio: Insded/Std/NI/N
insured: PC 1728Z	Eng/No:
Policy Na	CINO: KMHLB414M44 07682
Claims No.	Gen. Cond: Good / Falo / Poor / Burnt
Sum In sured: Excess:	Sleering: Inorde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ino Ger / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STCON/Rim or
	Tyre Size; F: 205/60R16
(Policy Condition)	R: 207, 682.6
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO OF WEALTH
Gal. or Market Value:	Front
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 m
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 10 mm L/Bal. 7
Est Repairs: 3 days Res.: Yes or No	D.O.A. 21/11/18 D.O.I. 22/11/18
Lum Sum: % 3 Val.: Yes or No	Survey held at CDGE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or
Vehicle: IN / OUT	1 /
- Cradit Contacted;	The U/C / Chassis frame / Body Structure affected due to collisi
The Contraction	No. 2711 7
- // /- //	362 CUA DAILYONA TOKES
26/1/8 Warmed US\$ 3300/3 Proje	(Red \$1919.60, 370/0) 41.
RECEIVED	2 7 NOV 2010
The Vent Y Le D	E 7 NO7 Z010
	4
	*
Oate/Time, File Pass to? : Prell. Report	Days Of Repair: 3
The state of the s	Resurvey No. of Trip: Survey Fee: 250
washing bankler E	
	Transportation;
1) MII MM47 : Final Report	Transportation;
1) MII MM47 : Final Report Date/Time, File Rejum to? 2) Add Fe	Transportation;
1) MII MM47 : Final Report Date/Time, File Rejum to? 2) Add Fe	Transportation: Site Insp (\$
1) MII MM47 : Final Report Date/Time, File Rejurn to? 2) Add Fe	Transportation: : Site Insp (\$)s + Rssi : Interview (\$ _) Photos

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

Main	Case N	lotified	Est Submitted	Adj Assigned	Adj Rpt	Ac	dj Submitted	Ins Auth'ed	Status	
CLAIM SUBFOLDER DETAILS Insured: CTPL, Co. Reg. No.: 199303821R CTPL CTPL CTPL Chicle Reg. Io.: Date of Loss: 21/11/2018 14:00 - :59 (39 Months and 15 Days From LTA Reg Details Note No.: Policy/Cover Note No.: Claim Type: Policy No. (Claimant): Excess: S\$0.00 Ensured: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300 Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Telma Gomez - 65926402] dj Asg. emarks: OUR INSD HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTECNY OF THE DAMAGE. THKS	Main 1	3:24	13:47	14:25					New A	ssignment Case
TOTPL CTPL CTPL CTPL CTPL CHAIN Claimant: CTPL CHAIN Claimant: CTPL CHAIN CHAIN Claimant: CTPL CHAIN CH	Mi	ain	Refere	nce	Claim	Details		Documents		Show All
Main Claimant: // Chicle Reg. No.: SHA8306E Date of Loss: Policy/Cover Note No.: Policy/Cover Note No.:	LAIM SUB	FOLDER DETA	ILS					100		
Main Claimant: //ehicle Reg. Io.: SHA8306E SHA8306E Date of Loss: 21/11/2018 14:00 - :59 [39 Months and 15 Days From LTA Reg Description of the policy/Cover Note No.: //ehicle Reg. Io. //ehicle Reg	sured:	CTPL, Co. Re	g. No.: 199303821	R						
Date of Loss: [39 Months and 15 Days From LTA Reg Days From LTA Re		The state of the s								
Claim Type: TP Policy/Cover Note No.: Policy No. (Claimant): Excess: S\$0.00 Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300 Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Telma Gomez - 65926402] Idjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 03/12/2018] OUR INSD HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTECNY OF THE DAMAGE. THKS		SHA8306E			Date	of Loss:				
Insured): PC1228Z Policy No. (Claimant): Excess: S\$0.00 Excess: S\$0.00 Tokio Marine Insurance Singapore Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300 Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Telma Gomez - 65926402] djuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 03/12/2018] dj Asg. emarks: OUR INSD HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTECNY OF THE DAMAGE. THKS		TP								
Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300 Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Telma Gomez - 65926402] Idjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 03/12/2018] OUR INSD HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTECNY OF THE DAMAGE. THKS	0.	PC1228Z								
Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Telma Gomez - 65926402] Idjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 03/12/2018] OUR INSD HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTECNY OF THE DAMAGE. THKS										
Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Telma Gomez - 65926402] djuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 03/12/2018] dj Asg. emarks: OUR INSD HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTECNY OF THE DAMAGE. THKS SSOCIATED MAIL RECEIVED.	A CONTRACTOR OF THE PARTY OF TH	ComfortDelG	ro Engineering Pt	e Ltd (Loyang)	59 Loyang Dr	ve, 5089	69 Loyang - Te	el: 6214 8300		
our inso have not report the accident. PLs. Check consistedny of the damage. Thks		Tokio Marine	Insurance Singa	ore Ltd (HQ) -	Tel: 6221 611	1 [Ha	ndled by Telm	a Gomez - 65926	5402]	
dj Asg. emarks: OUR INSD HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTECNY OF THE DAMAGE. THKS SSOCIATED MAIL RECEIVED.	ljuster:	LKK Auto Cor	sultants Pte Ltd (HQ) - Tel: 6256	-3561 [Fir	al Rpt	due 03/12/2	20181		
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here are no mail for this case.	ere are no	mail for this case	2.						3011	7-30 0000 1101
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COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VÉHICLE NO : SHC 8306E :

MAKE

DATE 22/11/2018 10:41

MODEL	: HYUNDAI i40		Cho.	7		
Qty	Parts Description/ Labour	Type	Unit Price		Amount	
	Rear Bumper			S	553.00	1
	Rear Bumper Clip 10 pcs			\$	22.00	
	Rear Bumper Bracket, RH			\$	35.60	
				\$	697.80	
	Rear Fender (RH)			\$	2,171.40	
	Rear Fender Inner Lining (RH)			S	169.30	
	Rear Windscreen Moulding			\$	28.30	
	Rear Wheel Hup-Cap (RH)			\$	107.10	
	SUB TOTAL			•	2 794 50	-
	SUB TOTAL			\$	3,784.50	
	LESS 20%			\$	756.90	1
	DISCOUNTED TOTAL			\$	3,027.60	
	D. D. D. L. M. M.				50.00	
	Rear Bumper Rubber Mat			\$	50.00	
	Rear Windscreen Sealant			\$		Nett
	Rear Tyre (RH)			\$	216.00	Net
				\$	312.00	
	Labour Charge				600	
	Panel Beating			\$	850.00	
	Spray Painting Charge			\$	500.00	80
		115 hen	\	S	50.00	20
	Wiring Charge Tuff Kote LKK Auto Cor	sull'a toutoin	9	S	50.00	20
	Tuff Kote Remove/Refix Cushion & Upholstery Reather Repairer Remove/Refix Rear Windscreen Glass	THE THE	=II/rey	\$	150.00	50
	Remove/Refix Cushion & Upholstery Reathe Repaired To resurvey to To display do To display do	mage 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	\$	120.00	100
	The state of the s	8		8	80.00	30
	Rear Wheel Alignment	survey is not traditions) in not traditions in mentary items in mentary it	al train hauf. We Company	100	80.00	× 1
	No lies Support	entary theman	M HOW WAY	7	10-	-
	Merine Fee Supp.	I to m	er	3		1
		sqdeg of .			1,880.00	1
	ESTIMATE TOTAL	re;		•	5,219.60	1
	1 / 1 / Will			\$	3,219.00	1
	ESTIMATE TOTAL Kala (Ulky 22/11/12 132 h 3 h 3 h This is an initial estimate based on a visual inspection of th					
	After Registry Lite					
	This is an initial estimate based on a visual inspection of the	e above vel	hicle. The final repair	quan	tum will	

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mamine + 65 6383 6260 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609266
45 Pandan Road Singapore 609266
46 Pandan Road Singapore 609266
47 Sunget Kadut Way Singapore 725791
501 Yishun Industrial Pack A Singapore 768765

Date/Time? Ub 24d 311pp 2018 18:15

Page : 1

JOB CARD Team: ARC Repair TP(CLSO)1 Sales Order: JC NO.: 305241767 REGN NO.: SHC8306E MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD FUEL /MS MAKE: 7010045 HYUNDAI STOMER NO. 383 SIN MING DRIVE E.....F 21.11.2018 14:30 PESS MODEL I - 40Singapore SINGAPORE 575717 65508755 YR OF MANU. 06.08.2015 TARGET DATE . (R) (P) CHASSIS CODE KMHLB41UMGU076825 COMPLETION DATE/TIME: COUNT CARD NO.

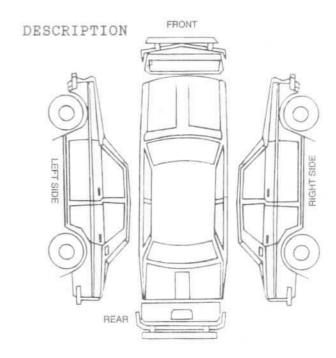
JOB DESCRIPTION

Accident Date: 21.11.2018

NATURE: 3P 21.11.2018

S/NO

LABOR CODE



*7		
ECRED & PASSED OUT BY:		
н		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
owledgement Silp	常 Exit Pass	
: DE NO.: SHC8306E CHIANG	Vehicle No.: SHC8306E	
of Service Advisor Signature/Date returned to Service Reception upon collection	Name of Service Advisor To be kept by Security Guard	Date

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 witholding 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.	
to the state of th	ACCIDENT STATEMENT
Date Of Report	21/11/2018 16:20
Date Of Accident	21/11/2018 14:00
Exact Location Of Accident	SENGKANG WEST AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8306E
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	140
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 CHYE SENG
NIDIO NI	000420704

 Name of Driver
 LEE CHYE SENG

 NRIC No
 \$0042979A

 Date Of Birth
 04/09/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/01/1975

Driving Experience 43 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96778831

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 116 BEDOK RESERVOIR ROAD #11-102

Postcode

470116

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

NO

Was any body injured in the Accident? 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)

5

Passenger 1

NAME:

8 -

GENDER:

: MALE

Passenger 2

NAME:

9 -

GENDER:

: FEMALE

Passenger 3

NAME:

5 -

GENDER:

: MALE

Passenger 4

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

PC1228Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Page 2 of 24

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SELVARAJ PERUMAL

D33377576

TOKIO MARINE INSURANCE SINGAPORE LTD

WHOLE LEFT SIDE

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 the purpose of the collective of the purpose of the
 - 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:
 - 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.

COMPORT TRANSPORTATION P12 LTD CO. REG. NO. 189203321R

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.:

GIARMC SketchPlanForm_V3

5.12

Page 4 of 24

1

Sketch Plan Pg. 2

SKETCH PLAN		
		(A) SHC 8306 E
1320 5100		(B) P4 1278 Z
	14/B)	
	THE PERMIT	and hestard

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PESCHIEF CINCOMSTANCES OF THE AGGICAN
on 21/11/2018 at about 1400 hrs, I vehicle A was
driving my taxi dong sengkan, west aver when my
passenger ask me to Stop so the side of bus stop
Then I am my left hand Signal of they to Keep to.
left side and Stop because the bus stop. It few
· ·
Second later vehicle & left Side hirt against vehicle
. "
might reach postion. So four my passenger and me
· ·
was not Injured

All and the second		217.05	7415775
DECI	AD	ATI	OAL
DECI	MK	MП	UN

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

COMPORT TRANSPORTATION PTE LTD 3

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/11/14

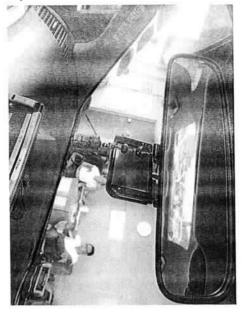
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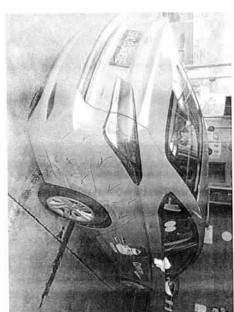
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







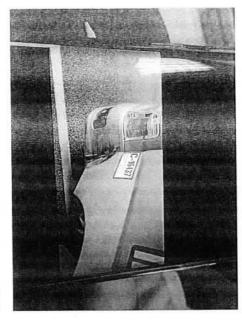


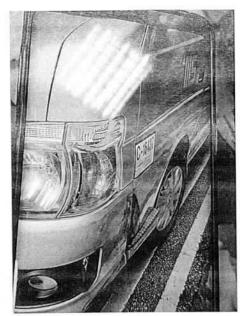


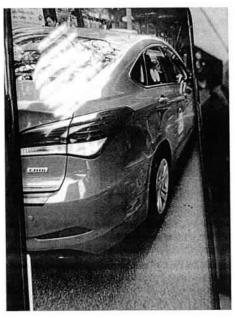


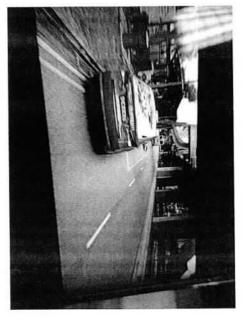




















COMFORTDELGRO ENGINEERING

Our Job Ref No : 305241767 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 24/11/18 Fax: 6546 8156 FINALIZATION FORM LKK Fax: To KALVIN Attn Vehicle Reg No. : SHC8306E 21/11/2018 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-PC1228Z TOKIO MARINE 1. The repair job shall bill to: 2. The finalized amount shall be: (a) Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost \$3300.00 Lumpsum Repair (if applicable) (c.) Total for Lumpsum repair cost after Less: 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 We confirm the estimates and 5. Thank you for your assistance. finalized amount Signature: Signature: CHIANG Name Name Tel 62148314 Date 65468156 Fax For Official Use Only Document Confirm By Attached Item Amount Remarks (Signature) Yes or No Rental Rate P/Day YES Loss of Income Paid N Survey Fees 7.49 LTA Search Fee Medical Fees (on behalf of driver, if applicable) Overrun Remarks:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Su	bmitted	Ins Auth'ed	Status	
Main	22 Nov 2018 Sendback Est	22 Nov 2018 13:47 \$\$5,179.60	22 Nov 2018 14:25 Edit Adj Rpt	S\$3,300.00 Edit Estimates	S\$3,30 View			Report Cancel C	for Survey
	dain	Refe	erence	Claim Det	ails		Documents		Show All
CLAIM SUE	BFOLDER DET		LTD, Co. Reg. No	.: 196900250M					
Main Claimant:		Reg. No.: 199303							
Vehicle Reg. No.:	SHC8306	SHC8306E					14:00 - :59 and 15 Days From	LTA Reg Date	e (Man Yr)]
Claim Type:	TP / M180	TP / M1805950				M3001052 (Comprehensive) Coverage: 30/08/2018 - 29/07/2019			
Vehicle Reg. No. (Insured):	PC1228Z			Policy No (Claimar	400				
				Excess:		2,000.00			
Repairer: Handling			, ,	59 Loyang Drive, : Tel: 6221 6111				4021	
Insurer: Adjuster: Adj Asg. Remarks:	LKK Auto C 03/12/201	onsultants Pte L 8]	td (HQ) - Tel: 625	6-3561 [Handled	by KALV	IN ANG V	VEI KUN] [F	10000	е
	ED MAIL REC	EIVED					View	All Comp	ose Case Mail
There are no	o mail for this ca	ase.							
ALL ASSO	CIATED TASK	s∃			View	All Se	arch Tasks Cre	eate New Task	Complete
Due Date	Priority	Type Task G	roup Subject	Handler A	ssigned I		Completed On	Created (On Done

Claim Documents

SHC8306E (M1805950)

[PC1228Z]

TP

CTPL

Nov 21 2018 2:00PM

[MUN SIONG ENGINEERING LTD]

ComfortDelGro Engineering Pte Ltd

Ass	sessment Reports		1 per p	age 🔻	~
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Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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Show Remarks To: Repairer Handling Insurer Note: Remarks are private unless you show it to other parties.			

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/TMI18021159/K1QD3E2

Date:

10/12/2018

REFERENCE

Date of Loss:

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MJ001052

Claimant Vehicle SHC8306E

Insured Vehicle No:

PC1228Z

No:

21/11/2018

Nature of Claim:

TP

Claim No: M1805950

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC8306E

Make & Model:

HYUNDAI 140, 1.7 D CRDI F/L ABS AIRBAG 4DR

Engine No:

D4FDEU473988

492129 km

Reg. Date:

06/08/2015 (Man. Year: 2015)

Chassis No: Odometer:

KMHLB41UMGU076825

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 Yes

Steering (Serviceable): Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes Good

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

205/60 R16

Rear Tyre Size:

205/60 R16

Front Left Side: Front Right Side: West Lake 7 mm West Lake 7 mm Rear Left Side: Rear Right Side: West Lake 7 mm West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,339.60	2,959.68	379.92	11.38
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,830.00	1,220.00	610.00	33.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,179.60	4,189.68	989.92	19.11
Approved Total (Overridden) (S\$)		3,300.00		
(S\$)	5,179.60	3,300.00	1,879.60	36.29
+ GST 7.00/7.00% (S\$)	362.57	231.00	131.57	36.29
Nett Amount (S\$)	5,542.17	3,531.00	2,011.17	36.29

INSPECTION

Date of Assignment:

22/11/2018 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

22/11/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

3.0 days

Adjuster: KALVIN ANG WEI KUN Manager: SHIAU CHAN

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: 10 Dec 2018)

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

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

Print Code: (Unsubmitted, no print-code for SHC8306E)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER BRACKET RH	Serviceable	35.60 FL	*-FL
4	1		*TAIL LAMP RH	Grazed	697.80 FL	*697.80 FL
5	1		*REAR FENDER RH	Buckled	2,171.40 FL	*2,171.40 FL
6	1		*REAR FENDER INNER LINING RH	Serviceable	169.30 FL	*-FL
7	1		*REAR WINDSCREEN MOULDING	Necessary	28.30 FL	*28.30 FL
8	1		*REAR WHEEL HUB CAP RH	Grazed	107.10 FL	*107.10 FL
9	1		*REAR BUMPER MAT	Necessary	50.00 FS	*50.00 FS
10	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
11	1		*REAR TYRE RH	Serviceable	216.00 FS	*-FS
F=Fra	anchise	part. S=SpcN	ett. L=ListItemDisc.	_		
				Sub Total (S\$)	4,096.50	3,675.60
			- List Item Discount on L Iter	ms 20.00/20.00% (S\$)	756.90	715.92
				Total Parts (S\$)	3,339.60	2,959.68

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TUFF KOTE

Recommended	Miscellaneous	Items
Recommended	iviiscellarieous	ILEITIS

REMOVE/REFIX CUSHION & UPHOLSTERY

REMOVE/REFIX WINDSCREEN GLASS

REMOVE/REFIX REVERSE SENSOR

RESET REAR WHEEL ALIGNMENT

No	Qty Particulars		Repairer's	Amount
Mis	cellaneous Items			
1	1 OD/TP Case (Insurer)		10.00	10.00
		Sub Total (S\$)	10.00	10.00
Re	ecommended Labour			
No	Particulars	Lab.Type	Repairer's	Amount
Lab	oour Items			
	our items			
1	PANEL BEATING	New	850.00	600.00
1 2	and the state of t	New New	850.00 500.00	600.00 400.00

New

New

New

New

New

Gross Labour Cost (S\$)

Report was unsubmitted during this print-out.

< END OF ESTIMATES >