

23/03/2002

ASS. REC. BY:

REF:

CS/SMO18021290/K/vd3b

Special Instruction:

Surveyor:

Kalvin

ASSIGNMENT (Office)

From (Person):

Gheh Pau Loong

of

SMO

Date/Time:

26/11/18 @ 10:19 am

Estimated Cost:

Bill to:

OD/TP WS/TP RES / OD RES / EVA / INV / MV7 CS

To Inspect Vehicle No:

SHC 1959S

Insured:

SHD 9756E

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

59 Layong Drive

Policy No:

D18MTRENT000833

Claim No:

CMTD1805157

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22/11/2018

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement:

Date/Time:

10:22 am @ 26/11/18

Person Contacted:

Vehicle ☒ IN ☐ OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|------------------------------------|
| | SHC 1959S - NS/INC/16014235/H/vbn2 |
| | SHD 9756E - X. |
| 27/11/18 | Send preli revised via merimen |

D.O.A: 30/7/2016

Surveyor: Kavin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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: _____

!DAC 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

Veh No: SHC 19595 Yr Regn: 20 Dec 2017

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

Truck / Trailer or

Make: Hyundai Ix C.C. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 175994 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLD814MAH40006x

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inoper / 6 / Jammed / Leaked / Burnt or

Brake: Inoper / 6 / 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

Westlake

Front

Rear

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

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

D.O.A. 22/11/18 D.O.I. 26/11/18

Survey held at CDGE (Loyang)

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

O/S B.L.

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

| Date / Time | Action / Instruction |
|-------------|---|
| 28/11/18 | Chassis PIP \$ 1169.73 / 3 Pys. (Red 598.23, 349) Compo PIP |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 29 NOV 2018

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 28/11 - typist

Report Format: merimen

Lump Sum / I.B.I. (\$) 1169.73

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: 250

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

10

260

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--|---------|---------------|------------|--|
| Main | 23 Nov 2018 | | 26 Nov 2018 10:19 Assign | | | | New Assignment Cancel Case |

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

CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

| | | | |
|-----------------------------|--|------------------------|------------------------------------|
| Insured: | ETHOZ GROUP LTD, Co. Reg. No.: 198104531H | | |
| Main Claimant: | COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R | | |
| Vehicle Reg. No.: | SHC1959S | Date of Loss: | 22/11/2018 00:00 - :59 |
| Claim Type: | TP / CMTD1805157 | Policy/Cover Note No.: | D18MTRENT000333 (Third Party Only) |
| Vehicle Reg. No. (Insured): | SLD9756E | Policy No. (Claimant): | |
| | | Excess: | |
| Repairer: | ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300 | | |
| Handling Insurer: | Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 05/12/2018] | | |
| Adj Asg. Remarks: | -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT | | |

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. | | | | | | | | | |

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: Sompoo 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: GNOH PAU LOONG | Date: 27 Nov 2018 |
| <u>Preliminary Advice</u> | |

| | | |
|--------------------|---|--------------------------------|
| Insured Vehicle No | : SLD9756E | |
| TP Vehicle No | : SHC1959S | Accident Date : 22/11/2018 |
| Make | : HYUNDAI I40 | Assignment Date : 26/11/2018 |
| Date of Inspection | : 26/11/2018 | Est. Duration of Repair : 3.00 |
| Inspection At | : COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969 | |

Point of Impact / General Description of Damages

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

| | | |
|-----------------------------|------|----------|
| Repairer's Estimate (Gross) | :S\$ | 1,767.96 |
| Revised Amount | :S\$ | 1,198.04 |
| Check Items (Estimated) | :S\$ | 0.00 |
| Total | :S\$ | 1,198.04 |
| 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 : The above survey was conducted on a 'Without Prejudice' basis.

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 3821R |
| Vehicle Details | |
| Vehicle No.: | SHC1959S |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 27 Nov 2018 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR |
| Primary Colour: | Blue |
| Manufacturing Year: | 2016 |
| Engine No.: | D4FDHU730956 |
| Chassis No.: | KMHLB41UMHU100064 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$18,885.00 |
| Original Registration Date: | 20 Dec 2017 |
| First Registration Date: | 20 Dec 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$18,885.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 19 Dec 2025 |
| PARF Rebate Amount: | \$14,163.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 19 Dec 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$34,159.00 |
| COE Rebate Amount: | \$30,142.00 |
| Total Rebate Amount: | \$44,305.00 |
| Message | |
| Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. | |

The information contained herein is correct as at 27 Nov 2018

OK

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 | 23/11/2018 16:14 |
| Date Of Accident | 22/11/2018 16:30 |
| Exact Location Of Accident | COLLYER QUAY TOWARDS BATTERY RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC1959S |
| 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 | 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 | YAP SEONG THYE |
| NRIC No | S7706784A |
| Date Of Birth | 10/03/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/08/2000 |
| Driving Experience | 18 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81622737 |
| Fax Number | |
| Contact Number | |
| EMail Address | YAPSEONGTHYE1977@GMAIL.COM |

| | |
|---|--|
| Address | BLK 323 CHOA CHU KANG AVENUE 3 #15-25 |
| Postcode | 689865 |
| 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 | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CHANGKAT NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7819999 - FAX NO: 67832722 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER POLICE REPORT NO: T/20181123/2079

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 | SLD9756E |
| Vehicle Make/Model/Colour | MAZDA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage RH FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YAP SEONG THYE

Approximate Age

Injuries Sustain NUMBNESS ON HIS LEFT PART OF THE BODY

Injured person in which vehicle? SHC1959S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

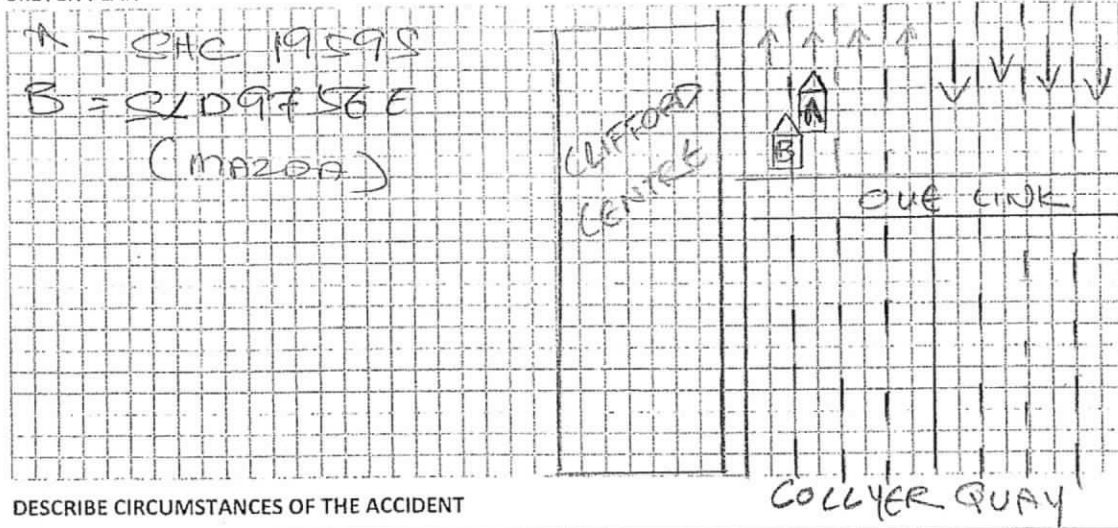
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report

@ T / 2018 1123 / 2019

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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

2



**SINGAPORE
POLICE FORCE**



T/20181123/2079

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20181123/2079

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 23/11/2018 14:18 | | Vide Report No.: | | Station Diary No.: 19 |
| Informant's Particulars | | | | |
| Name of Informant: YAP SEONG THYE | | Address: APT BLK 808A CHOA CHU KANG AVENUE 1 #03-564 SINGAPORE 681808 | | |
| ID Type / ID No.: NRIC NO / S7706784A | | Contact No.: Home/Office: Mobile: 81622737 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 41 | Date of Birth: 10/03/1977 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: Taxi driver | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 22/11/2018 16:30 | Type of Location: Straight Road |
| Location: Along Road 1 COLLYER QUAY Collyer Quay towards Battery Road | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|-------|-------|------------------|-----------------|
| SHC1959S | Taxi | HYUNDAI | i40 | Blue | Slightly Damaged | 1 |
| SLD9756E | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181123/2079

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20181123/2079

CONTINUATION OF REPORT

| | | | |
|--|---------------------------|-----------------------------------|---|
| Driver | | | |
| Name | YAP SEONG THYE | | ID No. S7706784A |
| Related Vehicle | SHC1959S (Taxi) | | Contact No. 81622737 |
| Hospital/Clinic | Y M CHAN CLINIC & SURGERY | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 23/11/2018 | Date Discharge | 23/11/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Name | | | |
| Unknown | | ID No. | NIL |
| Related Vehicle | | SLD9756E (Car) | |
| Contact No. | | NIL | |
| Hospital/Clinic | | NIL | |
| Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the abovementioned date and time, I was driving on the third lane towards Battery Road when a vehicle from my left wanted to cut into my lane. However, his vehicle front bumper collided into my vehicle front left tyre. Both of us then came to a stop and made a check on our vehicles. I discovered that my taxi left tyre area was scratched and dented inwards. My passenger, Neo (hp no: 97252249) did not informed if he was injured or not.

Both of us exchanged particulars. I suffered some numbness on my left part of the body. I received 3 days of MC from Y M Chan Clinic & Surgery.



SINGAPORE
POLICE FORCE



T/20181123/2079

3 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

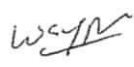

Report No. T/20181123/2079

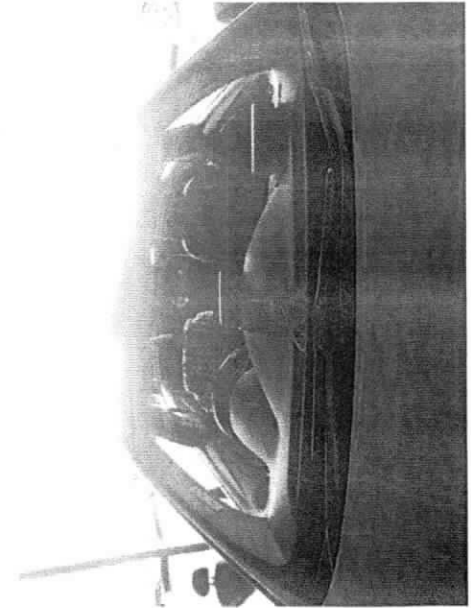
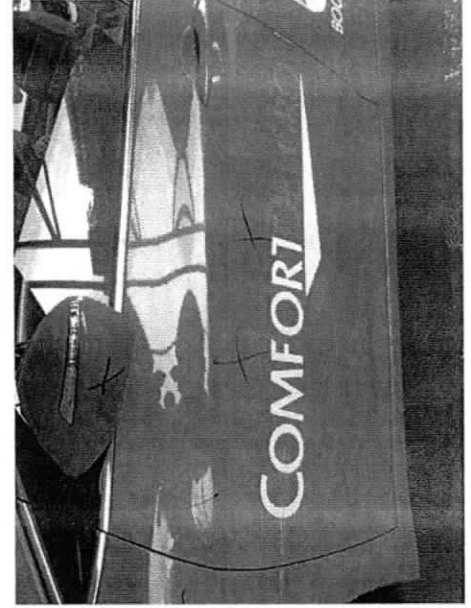
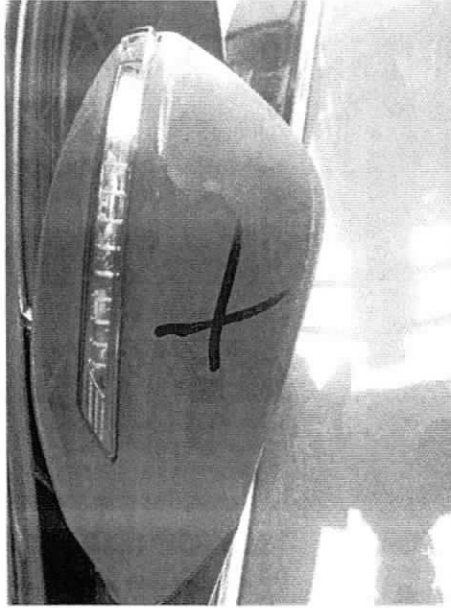
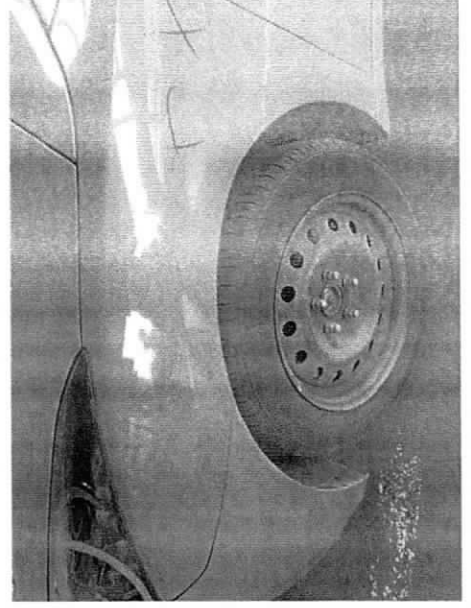
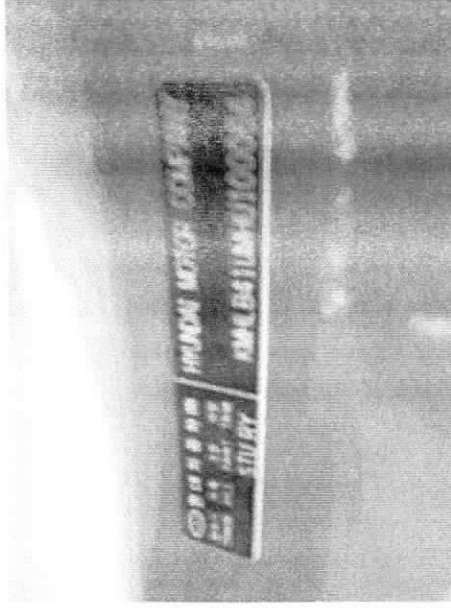
CONTINUATION OF REPORT

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: G / Staff Sgt MUHAMMAD ZULHILMI BIN SHADIKIN | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 23/11/2018 14:18 |
| Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No: 65476436 | Classification Of Case: |
| Authentication Stamp NP168 |  SIGNATURE |



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305242937

COMER
COMFORT TRANSPORTATION PTE LTD
7010045
COMER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

(R)
(P)

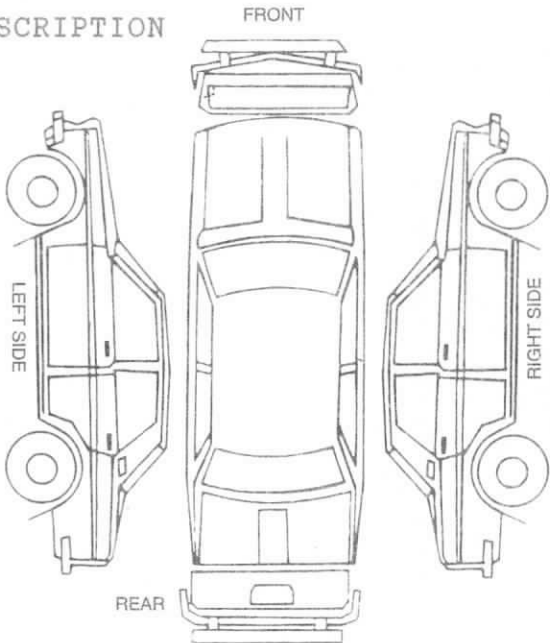
UNT CARD NO.

| | |
|--------------------------------|----------------------------------|
| REGN NO.: SHC1959S | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 23.11.2018 15:10 |
| YR OF MANU 20.12.2017 | TARGET DATE |
| CHASSIS CODE KMHLB41UMHU100064 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 22.11.2018
NATURE: 3P 22.11.18

S/NO LABOR CODE DESCRIPTION



LED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHC1959S JU SOMPO

Vehicle No.: SHC1959S

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHC 1959S

DATE 24/11/2018 9:22

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|-----------------------------------|------|------------|------------|
| | Front Fender (LH) — Dent | | | \$ 566.30 |
| | Front Fender Shield (LH) x 50 | | | \$ 174.90 |
| | Front Door (LH) x repair | | | \$ 741.20 |
| | wing mirror (LH) x repair | | | \$ 148.24 |
| | SUB TOTAL | | | \$ 1488.64 |
| | LESS 20% 252 | | | \$ 1188.64 |
| | DISCOUNTED TOTAL | | | \$ 1188.64 |
| | Front Door Comfort Logo (LH) — ne | | | \$ 75.00 |
| | Labour Charge | | | |
| | Panel Beating-Repair Frt LH Door | | | \$ 400.00 |
| | Spray Painting Charge | | | \$ 650.00 |
| | Tuff Kote | | | \$ 50.00 |
| | TOTAL LABOUR | | | \$ 1100.00 |
| | ESTIMATE TOTAL | | | \$ 1767.96 |

Kaling (1/1/16)
 26/11/18 1142h
 3 Days
 PIP
 Before Paint photo

LKK Auto Consultants hence notify the Repairer of the following:
 • To resurvey before/after spray painting
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification is allowed
 • Supplementary item(s) must be resurveyed and is subject to final approval from 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.

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

JOB NO : 305242937
REGN NO : SHC1959S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 23.11.2018 15:10
ACCIDENT DATE : 22.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0574-A I40VC PANEL-FENDER LH+ 1 L 566.30 25.00 424.72

0002 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 1 N 75.00 2.50- 75.00

SUB-TOTAL : 499.72

JOB NATURE

0000 L LUMPSUM REPAIR 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 450.00

0002 20-00 TUFF COAT ON AFFECTED PARTS. 20.00

SUB-TOTAL : 670.00

TOTAL : 1,169.72

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305242937
Date : 28/11/2018

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
: SHC1959S Date of Accident : 22/11/2018

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

1. The repair job shall bill to: SOMPO --- SLD9756E
###
2. The finalized amount shall be:

| | | | | |
|--|-----|----------|--|--------------------------|
| (a) Spare Parts after List discount | | \$499.73 | | <u>\$499.73</u> |
| (b) Labour Charges | ### | | | <u>\$670.00</u> |
| Total for Part-By-Part Repair Cost | | | | <u>\$1,169.73</u> |
| | | | | |
| (c) Lumpsum Repair (if applicable) | | | | |
| Total for Lumpsum repair cost after Less: <u>25</u> <u>20%</u> | | | | |
| 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
Name : Kalvin
Date : 28/11/18

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 | | N | | |
| 3. Survey Fees | | | | |
| 4. LTA Search Fee | \$7.49 | | | |
| 5. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks:

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

| CLAIM SUBFOLDER TRACKING | | | | | | | |
|--------------------------|-------------|---------------|---|--|--|-------------|---|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
| Main | 23 Nov 2018 | | 26 Nov 2018 10:19 Edit Adj Rpt | S\$1,169.72 Edit Estimates | S\$1,169.72 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|---|-----------|---|------------|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS [Created by insurer] | | | | | | | | | |
| Insured: ETHOZ GROUP LTD , Co. Reg. No.: 198104531H | | | | | | | | | |
| Main Claimant: COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R | | | | | | | | | |
| Vehicle Reg. No.: SHC1959S | | Date of Loss: 22/11/2018 00:00 - :59 [11 Months and 2 Days From LTA Reg Date (Man Yr)] | | | | | | | |
| Claim Type: TP / CMTD1805157 | | Policy/Cover Note No.: D18MTRENT000333 (Third Party Only) | | | | | | | |
| Vehicle Reg. No. (Insured): SLD9756E | | Policy No. (Claimant): | | | | | | | |
| | | Excess: | | | | | | | |
| Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300 | | | | | | | | | |
| Handling Insurer: Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217] | | | | | | | | | |
| Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 05/12/2018] | | | | | | | | | |
| Adj Asg. Remarks: -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT | | | | | | | | | |
| ASSOCIATED MAIL RECEIVED View All Compose Case Mail | | | | | | | | | |
| There are no mail for this case. | | | | | | | | | |
| ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete | | | | | | | | | |
| Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? |
| No results. | | | | | | | | | |

Claim Documents

***SHC1959S (CMTD1805157)**
[SLD9756E]
































TP

COMFORT TRANSPORTATION PTE LTD

Nov 22 2018 12:00AM

[ETHOZ GROUP LTD]

ComfortDelGro Engineering Pte Ltd

| Upload Documents Upload Photos Compose New Letter | | | View View in Browser | |
|---|-----------------|---|--|-------------------------------------|
| Assessment Reports | | | 1 per page <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| No | Finalized On | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 27/11/18 09:05 | Adjuster Immediate Advice |  Load HTM | <input type="checkbox"/> |
| Photos/Images | | | 3 per page <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 2 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 3 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 4 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 5 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 6 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 7 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 8 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 9 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 10 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 11 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 12 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 13 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 14 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 15 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 16 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 17 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 18 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 19 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 20 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 21 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 22 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 23 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 24 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 25 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 26 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 27 | 26/11/18 17:27 | General View |  Load JPG | <input checked="" type="checkbox"/> |
| 28 | 28/11/18 17:21 | Reinspection Photo |  Load JPG | <input checked="" type="checkbox"/> |
| 29 | 28/11/18 17:21 | Reinspection Photo |  Load JPG | <input checked="" type="checkbox"/> |
| Documentation | | | 1 per page <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| No | Finalized On | Sompo Insurance Singapore Pte. Ltd. (HQ) | Thumbnail | Print |
| 1 | 26/11/18 09:00 | EST FAX FROM CDGE DT 24/11/18 - SHC1959S |  Load PDF | <input type="checkbox"/> |

Documents Checklist

| | | | |
|--|-----------------------|----------------------|-----------------------|
| DOCUMENTS CHECKLIST | Reset | Save | Print |
| There are no document checklists configured. | | | |

| |
|--|
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) |
| <div></div> |
| Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small> |

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/SMO18021290/K1VD3E2

Date: 30/11/2018

REFERENCE

| | | | |
|-----------------------|-------------------------------------|----------------------|-----------------|
| Handling Insurer: | Sompo Insurance Singapore Pte. Ltd. | Policy No: | D18MTRENT000333 |
| Claimant Vehicle No : | SHC1959S | Insured Vehicle No : | SLD9756E |
| Date of Loss: | 22/11/2018 | Nature of Claim: | TP |
| | | Claim No: | CMTD1805157 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|-----------------------------------|-------------|-------------------|
| Reg No: | SHC1959S | | |
| Make & Model: | HYUNDAI I40, 1.7 D (A) | Engine No: | D4FDHU730956 |
| Reg. Date: | 20/12/2017 (Man. Year: 2016) | Chassis No: | KMHLB41UMHU100064 |
| Colour: | Blue | Odometer: | 175994 km |
| 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: | Steering (Serviceable): | Yes | Footbrake (Serviceable): | Yes |
| Handbrake (Serviceable): | Yes | Engine Modification: | No | Pre-accident Condition: |

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 | 667.96 | 499.72 | 168.24 | 25.19 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 1,100.00 | 670.00 | 430.00 | 39.09 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (\$\$) | 1,767.96 | 1,169.72 | 598.24 | 33.84 |
| + GST 7.00/7.00% (\$\$) | 123.76 | 81.88 | 41.88 | 33.84 |
| Nett Amount (\$\$) | 1,891.72 | 1,251.60 | 640.12 | 33.84 |

INSPECTION

| | | |
|-----------------------------|--------------------------|--|
| Date of Assignment: | 26/11/2018 | |
| Date Inspected: | 26/11/2018 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: 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.

Different 1 cents -Finalise confirm amount: \$1,169.73

REPAIR DETAILS

Reference

| | | |
|----------------------|--|---|
| Part Source: | MRM-SG | Version: 1.0 (Last Synchronised: 30 Nov 2018) |
| Parts: | 143 | HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: | Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SHC1959S) | |
| 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 FENDER (LH) | Dented | 566.30 FL | *566.30 FL |
| 2 | 1 | | *FRONT FENDER SHIELD (LH) | Serviceable | 174.90 FL | *- FL |
| 3 | 1 | | *FRONT DOOR (LH)(NPA) | Repair | 0.00 FL | *- FL |
| 4 | 1 | | *WING MIRROR (LH)(NPA) | Repair | 0.00 FL | *- FL |
| 5 | 1 | | *FRONT DOOR COMFORT LOGO (LH) | Necessary | 75.00 FS | *75.00 FS |
| | | | | | Sub Total (S\$) | 816.20 641.30 |
| | | | | | - List Item Discount on L Items 20.00/25.00% (S\$) | 148.24 141.58 |
| | | | | | Total Parts (S\$) | 667.96 499.72 |

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

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-REPAIR FRT LH DOOR | New | 400.00 | 200.00 |
| 2 | SPRAY PAINTING CHARGE | New | 650.00 | 450.00 |
| 3 | TUFF KOTE | New | 50.00 | 20.00 |
| Gross Labour Cost (\$\$) | | | 1,100.00 | 670.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >