

Surveyor: Kelvin

REF: CC3/TM18021778/Klgbnz

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 DD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspected Vehicle No: _____
 at Workshop m/s: _____
 Insured: YP 8312S
 Policy No: MJ001454
 Claims No: M1806190
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: ✓ days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 1342G Yr Regn: 30 Apr 2012
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa c.c. 1991
 Colour: Blue A/C: Insul 6 / Std / NI / NA
 Sp. Reading: 275494 T/Radio: Insul 6 / Std / NI / NA
 Eng/No: _____
 C/RNo: KMHBT41UMCA 824472
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: Inord 6 / Jammed / Leaked / Burnt or
 Brake: Inord 6 / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD 6 or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Howkook

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>1/12/18</u>	D.O.I. <u>3/12/18</u>

 Survey held at CDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
2/5 Frnt
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	DA: 24012018
	SHA 1342G - CC3 / III / 3201535 / Bubs2-1	To Kin
	YP 8312S - X	4:
<u>4/12/18</u>	<u>Charged 45 \$ 2500 / 2 hrs. (incl 10% GST, 20%)</u>	

RECEIVED 05 DEC 2018

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to?
 Report Format: MEP-TP
 Lump Sum / I.B.I. (\$) 750

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	250
S + RS: SI	10
Photos	
Others	
TOTAL	260

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	03/12/2018 12:07
Date Of Accident	01/12/2018 16:20
Exact Location Of Accident	BLK 339 ANG MO KIO ST 31 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1342G
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	SONATA-2.0 (A)
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	TEY NG JOO
NRIC No	S2015189G
Date Of Birth	04/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97739459
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 132 YISHUN STREET 11 #07-215
Postcode	760132
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED * TYPE OF ACCIDENT :- 3P REVERSED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8312S
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RH
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100303821R

[Signature]

[Signature]
SR Moorthy 3/12/18
CSO

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/12/18 at about 1630hrs while I Veh A had parked my vehicle in the lot and was approaching my vehicle, Veh B was reversing to enter the vacant lot. Veh B was too close to my vehicle and I quickly tapped on Veh B to alert but Veh B moved on and collided onto the right front portion of my stationary vehicle. I replaced the right wing mirror because I need to drive. I am making a claim for the remaining damages caused by the 3rd Party

DECLARATION

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

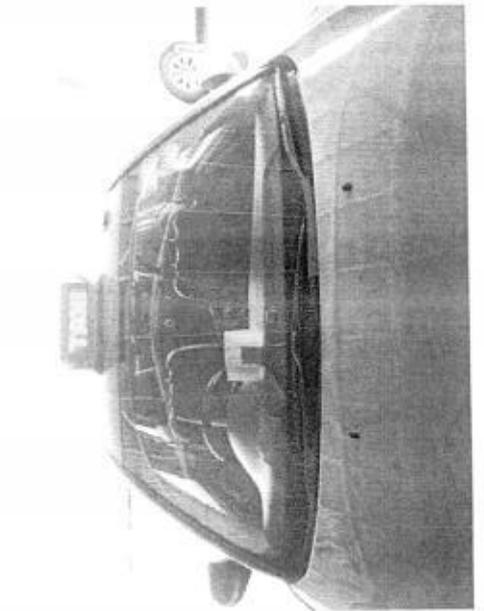
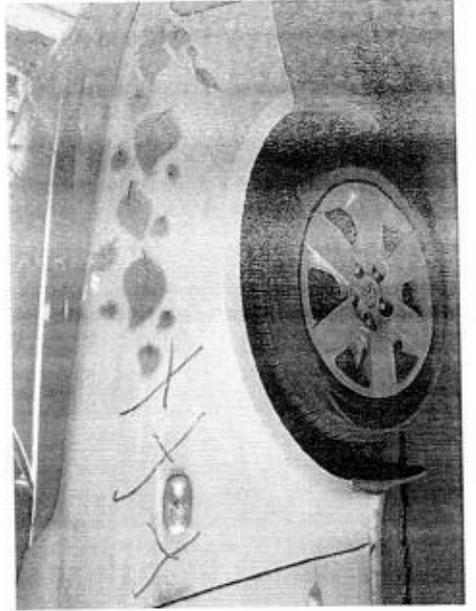
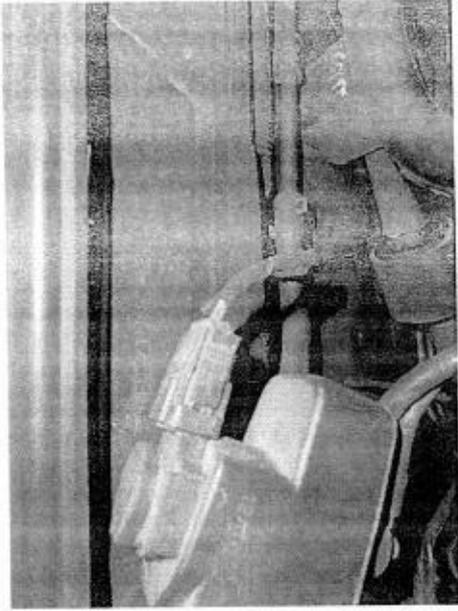
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19930382 (R)

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

[Signature]
SR Moorthy
CSO 2/12/18



A member of COMFORTDELGRO

Date/Time: 03.12.2018 12:42 Page : 1

Team: WE ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305246376

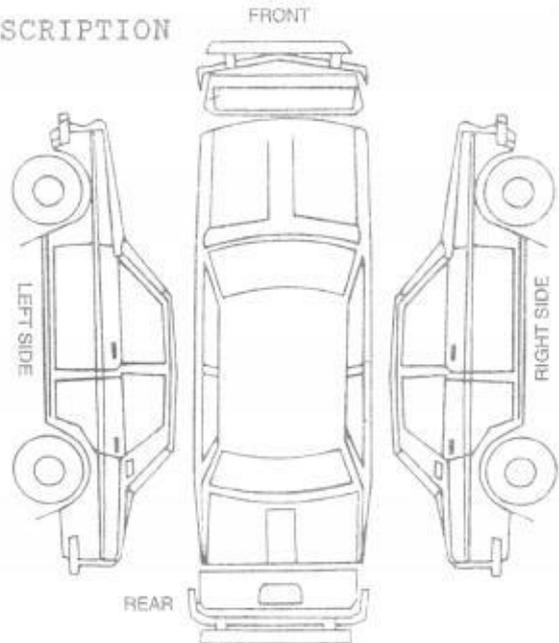
STOMER	REGN NO.: SHA1342G	MILEAGE
COMFORT TRANSPORTATION PTE LTD VARS	MAKE: HYUNDAI	FUEL
7010045	MODEL SONATA	E.....1/2.....F
STOMER NO. 383 SIN MING DRIVE	YR OF MANU 30.04.2012	DATE/TIME IN 03.12.2018 10:45
DRESS SINGAPORE SINGAPORE 575717	CHASSIS CODE KMHE141VMCA824472	TARGET DATE
65508755 (R) (P)	COMPLETION DATE/TIME:	
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 01.12.2018
 NATURE: 3P 01.12.2018

S/NO LABOR CODE
 TOKIO - RHR
 2KK / Kalmi

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA1342G LARRY

Vehicle No.: SHA1342G

Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

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

Singapore

Claimant Insurer: India International Insurance Pte Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/12/2018
Vehicle Reg. No.:	SHA1342G	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	TEY NG JOO		
Make/Model:	HYUNDAI SONATA, 2.0 (A)	Vehicle Reg. Date:	30/04/2012
Vehicle Colour:	BLUE	Gen Condition:	FAIR
Engine No:	D4EAC084681	Chassis No:	KMHET41VMCA824472
Odometer:	275494 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Description of Accident/Loss	REFER ATTACHED		
Present Location:	* TYPE OF ACCIDENT :- 3P REVERSED COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	2,297.72
Miscellaneous Items	10.00
Labour	1,220.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,527.72
+ GST 7.00% (S\$)	246.94
Nett Amount (S\$)	3,774.66

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Dec 2018)
 Parts: 143 HYUNDAI SONATA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: **ComfortDelGro Engineering Pte Ltd/SHA1342G/03/12/2018 14:23**
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT FENDER - RH <i>— Done</i>	20.00	0.00	*593.00 FL
2	1		*FRONT DOOR - RH <i>— Done</i>	20.00	0.00	*1,344.50 FL
3	1		*SIDE MIRROR - RH <i>— Done</i>	20.00	0.00	*545.50 FL
4	1		*FRONT DOOR COMFORT STICKER <i>— me</i>	0	0.00	*75.00 FS
5	1		*ADVERTISEMENT - FRONT FENDER - RH <i>— me</i>	0	0.00	*100.00 FS
6	1		*ADVERTISEMENT - FRONT DOOR - RH <i>— me</i>	0	0.00	*100.00 FS
7	1		*FRONT FENDER SIGNAL LAMP - RH <i>X me</i>	20.00	0.00	*45.40 FL

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

Sub Total (S\$)	2,803.40
- List Item Discount on L Items (S\$)	505.68
Total Parts (S\$)	2,297.72

ComfortDelGro Engineering Pte Ltd/SHA1342G/03/12/2018 14:23. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	500.00 400
2	SPRAY PAINTING	New	500.00 400
3	WIRING CHARGE	New	50.00 25 X 50.00
4	TUFF KOTE	New	50.00 20
5	TRANSFER OF DOOR	New	120.00 50
Gross Labour Cost (S\$)			1,220.00

ComfortDelGro Engineering Pte Ltd/SHA1342G/03/12/2018 14:23. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kalvin Ukrey

3/12/18 1510hr

2 hrs

4/5

After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "No Fault or Guilt" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be approved and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305246376
Date : 4. Dec. 2018

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHA1342G Date of Accident: 1. Dec. 2018

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

1. The repair job shall bill to: TOKIO YP8312S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
 - Final Lumpsum Repair cost** \$2,500.00
3. Estimated normal period for repairs: 2 working days.
4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : _____
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : _____
Name : Kalvin
Date : 4/12/18

For Official Use Only

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

Remarks:

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

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI18021728/K1QBN2

Date: 10/12/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001454
Claimant Vehicle No :	SHA1342G	Insured Vehicle No :	YP8312S
Date of Loss:	01/12/2018	Nature of Claim:	TP
		Claim No:	M1806190

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA1342G	Engine No:	D4EA9807492
Make & Model:	HYUNDAI SONATA, 2.0 (A)	Chassis No:	KMHET41VMCA824472
Reg. Date:	30/04/2012 (Man. Year: 2012)	Odometer:	275494 km
Colour:	Blue		
Engine Capacity:	1991 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:	Fair	Steering (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No
		Footbrake (Serviceable):	Yes
		Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,297.72	2,261.40	36.32	1.58
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,220.00	870.00	350.00	28.69
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	3,527.72	3,141.40	386.32	10.95
Approved Total (Overridden) (\$\$)		2,500.00		
	(\$\$)	3,527.72	2,500.00	1,027.72
	+ GST 7.00/7.00% (\$\$)	246.94	175.00	71.94
	Nett Amount (\$\$)	3,774.66	2,675.00	1,099.66

INSPECTION

Date of Assignment:	04/12/2018	
Date Inspected:	03/12/2018	Inspected At:
		ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days	

Adjuster: KALVIN ANG WEI KUN

Manager: 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 SONATA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHA1342G)	
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 - RH	Dented	593.00 FL	*593.00 FL
2	1		*FRONT DOOR - RH	Bent	1,344.50 FL	*1,344.50 FL
3	1		*SIDE MIRROR - RH	Cracked	545.50 FL	*545.50 FL
4	1		*FRONT DOOR COMFORT STICKER	Necessary	75.00 FS	*75.00 FS
5	1		*ADVERTISEMENT - FRONT FENDER - RH	Necessary	100.00 FS	*100.00 FS
6	1		*ADVERTISEMENT - FRONT DOOR - RH	Necessary	100.00 FS	*100.00 FS
7	1		*FRONT FENDER SIGNAL LAMP - RH	Serviceable	45.40 FL	*- FL
				Sub Total (S\$)	2,803.40	2,758.00
				- List Item Discount on L Items 20.00/20.00% (S\$)	505.68	496.60
				Total Parts (S\$)	2,297.72	2,261.40

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	500.00	400.00
2	SPRAY PAINTING	New	500.00	400.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	50.00	20.00
5	TRANSFER OF DOOR	New	120.00	50.00
Gross Labour Cost (S\$)			1,220.00	870.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >