



## Denise Tay (LKKAuto)

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**From:** Denise Tay (LKKAuto)  
**Sent:** Tuesday, 4 December 2018 3:43 PM  
**To:** 'Motor Claims'  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 3/12/2018, SHA 2330J (TP VEHICLE), SFD 8854X (OI VEHICLE)  
**Attachments:** GIA .pdf; SHA 2330J .pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 2330J, M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 19/11/2018.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3878619

JC NO.: 305246299

OMER  
S COMFORT TRANSPORTATION PTE LTD  
7010045  
OMER NO. 383 SIN MING DRIVE  
ESS Singapore SINGAPORE 575717  
65508755  
(R) (O)  
(P)

OUNT CARD NO.

REGN NO.: SHA2330J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 03.12.2018 09:25
YR OF MANU 30.04.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU053719	COMPLETION DATE/TIME:

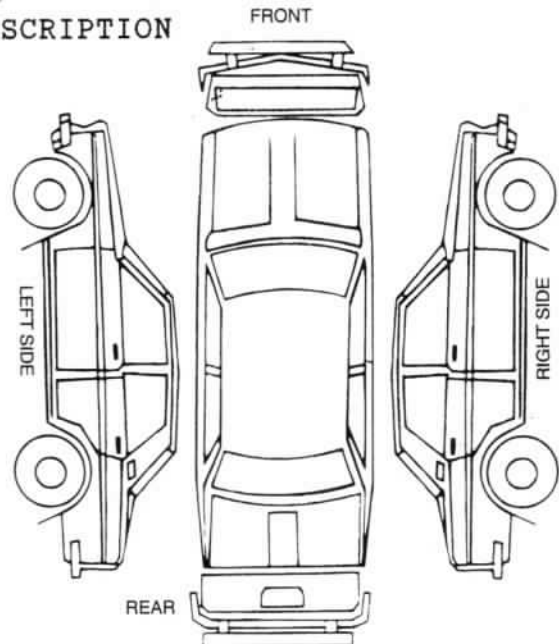
Accident Date: 30.11.2018  
NATURE: 3P 30.12.18/B

JOB DESCRIPTION

RIGHT REAR

T/Machine

S/NO LABOR CODE DESCRIPTION



OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SHA2330J FZ TOKIO

Vehicle No.: SHA2330J

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

## 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	01/12/2018 11:10
Date Of Accident	30/11/2018 13:35
Exact Location Of Accident	PAYA LEBAR RD TOWARDS UBI DIRECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2330J
<b>Insured/Policyholder</b>	
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	CHEE CHEE TUCK
NRIC No	S1186666B
Date Of Birth	28/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1978
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94680941
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 551 ANG MO KIO AVENUE 10 #25-2220
Postcode	560551
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	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?	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: : 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

REFER ATTACHED

#### 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	SGD8854X
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	UNKNOWN(PAX)
Approximate Age	
Injuries Sustain	NOT FEELING WELL
Injured person in which vehicle?	SHA2330J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**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.

CO-INSURERS: General Insurance Association of Singapore Ltd  
CO. REG. NO. 188303821R

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RAYA LEBAR RD

Statement as per attached.

DECLARATION

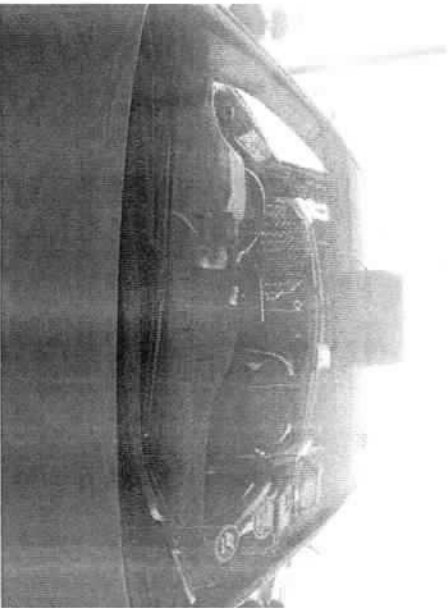
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 109303821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:



Describe Circumstances of the Accident.

On 30/11/2018 @ about 13:35hrs, I was driving along Paya Lebar Rd towards UBI direction.

It was traffic jammed, as I was about to move there's an impact from behind my taxi.

I stepped out to check and found out a vehicle SGD8854X had collided onto my rear portion of my taxi.

01 female passenger on board my taxi and she informed me if she feeling not well will consult doctor.

## Declaration

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

CO. REG. NO. 18630321R

Policyholder's Signature/Date &  
Time

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

  
Witnessed by Reporting  
Centre Personnel

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 2330J

MAKE :

MODEL : HYUNDAI i40

DATE 3/12/2018 11:45

T-marine/LKK  
RIGHT REAR

FZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid 'H' Emblem X <sup>11</sup>			\$ 28.70	
	Boot Lid CRDI Plate X <sup>11</sup>			\$ 27.90	
	Bootlid Moulding X <sup>300</sup>			\$ 85.00	
	Rear Bumper <sup>Reformed</sup>			\$ 553.00	
	Rear Bumper Reinforcement Bracket (LH/RH) X <sup>500</sup>		\$ 80.30	\$ 160.60	
	Rear Bumper Clip 10 pcs <sup>100</sup>			\$ 22.00	
	<b>SUB TOTAL</b>			<b>\$ 877.20</b>	
	<b>LESS 20%</b>			<b>\$ 175.44</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 701.76</b>	
	Boot Lid Comfort Logo & Tel No. Sticker X <sup>11</sup>			\$ 30.00	Nett
	Rear Bumper Rubber Mat <sup>100</sup>			\$ 50.00	Nett
	Rear Bumper Reverse Sensor X <sup>100</sup>			\$ 135.70	Nett
	<sup>100</sup>			<b>\$ 215.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>400.00</del> <sup>200</sup>	
	Spray Painting Charge			\$ <del>300.00</del> <sup>200</sup>	
	Wiring Charge			\$ <del>30.00</del> <sup>X 11</sup>	
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <sup>30</sup>	
	<sup>100</sup> Merimen Fee			\$ 10.00	
	<b>TOTAL LABOUR</b>			<b>\$ 810.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,727.46</b>	
<p>Ka h 1 day</p> <p>3/12/18 12:00 hrs</p> <p>2 Days</p> <p>4/5</p> <p>After Repair photo</p>					
<p>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.</p>					

LKK Auto Consultants must 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(s) is allowed
- Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Our Job Ref No : 305246299  
Date : 04.12.2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK

Fax :

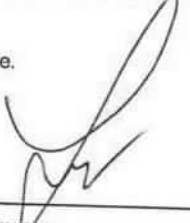
Attn : KALVIN

Vehicle Reg No. : SHA2330J

Date of Accident : 30.11.2018

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

1. The repair job shall bill to: TOKIO MARINE --- SGD8854X
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$0.00
  - (b) Labour Charges \$0.00
  - Total for Part-By-Part Repair Cost \$0.00
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$750.00  
Final Lumpsum Repair cost \$750.00
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.  


Signature : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

We confirm the estimates and finalized amount

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		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	03 Dec 2018 14:39 <a href="#">Sendback Est</a>	03 Dec 2018 14:44 <b>S\$1,581.94</b>	05 Dec 2018 10:59 <a href="#">Edit Adj Rpt</a>	<b>S\$750.00</b> <a href="#">Edit Estimates</a>	<b>S\$750.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>














  

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>									
Insured: <b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R									
Main Claimant: <b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R									
Vehicle Reg. No.: <b>SHA2330J</b>		Date of Loss: 30/11/2018 13:00 - :59 [55 Months From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / M1806189</b>		Policy/Cover Note No.: MV001648 (TP, Fire & Theft) Coverage: 03/03/2018 - 02/03/2019							
Vehicle Reg. No. (Insured): <b>SGD8854X</b>		Policy No. (Claimant): D-18088936MFSH							
		Excess: S\$0.00							
Repairer: <b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
Handling Insurer: <b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Telma Gomez</b> - 65926402]									
Claimant's Insurer: <b>MS First Capital Insurance Ltd (HQ)</b> - Tel: 62222311									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... [Final Rpt due 14/12/2018]									
<b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									















## Claim Documents

SHA2330J (M1806189)  
[SGD8854X]  
TP  
COMFORT TRANSPORTATION PTE LTD  
Nov 30 2018 1:00PM  
[COMFORT TRANSPORTATION PTE 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	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print					
1	03/12/18 14:44	Repairer Estimates			Load HTM					
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print					
1	05/12/18 11:00	Accident Statement From: SC - Reg. No: SGD8854X, Claimant: AZMAN BIN YON			Load HTM					
Photos/Images							3 per page		<input type="checkbox"/>	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print					
1	01/12/18 11:15	Accident Photo [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
2	01/12/18 11:15	Accident Photo [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
3	01/12/18 11:15	Accident Photo [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
4	01/12/18 11:15	Accident Photo [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
5	01/12/18 11:15	Accident Photo [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
6	01/12/18 11:15	Accident Photo [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
7	01/12/18 11:15	Accident Photo [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
8	01/12/18 11:15	SCENE [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
9	01/12/18 11:15	SCENE [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
10	01/12/18 11:15	SCENE [Linked Accident Report Documents]			Load JPG	<input checked="" type="checkbox"/>				
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print					
1	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
2	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
3	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
4	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
5	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
6	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
7	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
8	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
9	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
10	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
11	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
12	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
13	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
14	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
15	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
16	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				
17	06/12/18 08:03	General View			Load JPG	<input checked="" type="checkbox"/>				

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
18	06/12/18 08:03	General View	 Load JPG	<input checked="" type="checkbox"/>
19	06/12/18 08:03	General View	 Load JPG	<input checked="" type="checkbox"/>
20	06/12/18 08:03	General View	 Load JPG	<input checked="" type="checkbox"/>
21	06/12/18 08:03	General View	 Load JPG	<input checked="" type="checkbox"/>
22	06/12/18 08:03	General View	 Load JPG	<input checked="" type="checkbox"/>
23	06/12/18 08:03	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
24	06/12/18 08:03	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
25	06/12/18 08:03	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)	Thumbnail	Print
1	11/12/18 15:10	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee	 Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	01/12/18 11:15	Sketch Plan [Linked Accident Report Documents]	 Load TIF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	05/12/18 10:58	EST	 Load PDF	
2	05/12/18 10:59	LKK NOTIFICATION TO SURVEY CDGE-ASSIGN	 Load PDF	
3	14/12/18 18:00	Letter of Demand from Third Party	 Load TIF	

## Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	01/12/18 11:16	Accident Statement	 Load HTM	
2	01/12/18 11:20	Addendum Sheet	 Load TIF	
3	01/12/18 11:20	Accident Statement Addm. #1	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	01/12/18 11:15	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
2	01/12/18 11:15	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
3	01/12/18 11:15	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
4	01/12/18 11:15	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
5	01/12/18 11:15	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
6	01/12/18 11:15	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
7	01/12/18 11:15	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
8	01/12/18 11:15	SCENE	 Load JPG	<input checked="" type="checkbox"/>
9	01/12/18 11:15	SCENE	 Load JPG	<input checked="" type="checkbox"/>
10	01/12/18 11:15	SCENE	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	01/12/18 11:15	Sketch Plan	 Load TIF	

## Documents Checklist

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

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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: CC3/TMI18021731/K1TBE2

Date: 21/12/2018

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MV001648

Claimant Vehicle No : SHA2330J

Insured Vehicle No : SGD8854X

Date of Loss: 30/11/2018

Nature of Claim: TP

Claim No: M1806189

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA2330J

Make &amp; Model: HYUNDAI I40, 1.7 D CRDi (A)

Reg. Date: 30/04/2014 (Man. Year: 2014)

Colour: Blue

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: D4FDEU416970

Chassis No: KMHLB41UMEU053719

Odometer: 590519 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Fair Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No

Pre-accident Condition:

Average

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	841.94	510.00	331.94	39.43
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	730.00	430.00	300.00	41.10
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>1,581.94</b>	<b>950.00</b>	<b>631.94</b>	<b>39.95</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>750.00</b>		
<b>(S\$)</b>	1,581.94	750.00	831.94	52.59
<b>+ GST 7.00/7.00% (S\$)</b>	110.74	52.50	58.24	52.59
<b>Nett Amount (S\$)</b>	<b>1,692.68</b>	<b>802.50</b>	<b>890.18</b>	<b>52.59</b>

INSPECTION

Date of Assignment: 05/12/2018 Present Location:

ComfortDelGro Engineering Pte Ltd  
(Loyang)

Date Inspected: 03/12/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd  
(Loyang)  
59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 2.0 days

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**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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 12 Dec 2018)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHA2330J)
<b>Validity:</b>	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
<b>Further Info:</b>	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 REINFORCEMENT BRACKET LH	Serviceable	80.30 FL	*- FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	80.00 FL	*- FL
5	1		*BOOTLID MOULDING	Serviceable	85.00 FL	*- FL
6	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
7	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
					<b>Sub Total (\$\$)</b>	<b>1,006.00 625.00</b>
					<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>164.06 115.00</b>
					<b>Total Parts (\$\$)</b>	<b>841.94 510.00</b>

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

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<b>Miscellaneous Items</b>				
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
<b>Labour Items</b>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	REMOVE REFIX REVERSE SENSOR	New	30.00	30.00
Gross Labour Cost (S\$)			730.00	430.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;