10/2018

INS. CASE OWNER:

CC 4, AG 180 22324, Dha3

LKR:

IDAC:

ASSIGNMENT

Surveyor: ART

DOI: 11/12/18

Date / Time: 11/12/18

Registered in Merimen: 11/12/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLX 5618S "nil"

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A: 7/12/18

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHO 3466D →

INSRS: WSP: CHUAN Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHO 3466D - CCl/7ML/6037335/A/96/117 ; PMR/16/3/16
	SLX 5618S. ×
→	Case cancelled in Merimen.
11/6	Cancel

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$		
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

REF:

ASSIGNMENT

COE Aug 2024
2016 Aug

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: 00 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 3466D Yr Regn:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai I40 c.c. 1685

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

Sp.Reading: 359413 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDGU669076

Ch/No: KMHLB41UMGU093386

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: —11—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Campoan

Front			Rear		
R/Bal:	5	mm	R/Bal:	5	mm
L/Bal:	5	mm	L/Bal:	5	mm

D.O.A: 07/12/24 D.O.I: 11/12/2024

Survey held at: Channi AMK

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

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

Date / Time	Action / Instruction
	AIG SLX56183

Date/Time: File Pass to? 1)

Date/Time: File Return to? 2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech. Invs ($) ☐ Weekend ($)

S + RS Photos Others

TOTAL

Report Format :

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

CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3466D
MAKE :
MODEL : HYUNDAI i40

DATE : 10.12.2018
TEL : 6542 5119
FAX : 6542 6039

AIG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover Rep			$ 1,052.20	X
	Front Bumper Bracket (LH) N/A			$ 24.60	X
	Headlamp Support Panel Assy broken			$ 907.40	✓
	Headlamp (LH) broken			$ 1,388.00	✓
	Front Fender (LH) Dented			$ 566.30	✓
	Front Fender Apron Panel (LH) Dented			$ 637.00	✓
	Front Fender Shield (LH) deformed			$ 174.90	✓
	Front Door (LH) Dented			$ 2,256.40	✓
	Front Door Rubber N/A			$ 290.50	✓
	Front Door Gear / Regulator (LH) N/A			$ 250.60	X
	Front Door Power Motor, LH N/A			$ 172.70	X
	Rocker Panel Outer Garnish Rep			$ 341.40	X
	Front Windscreen Moulding N/A			$ 113.30	✓
	Front Windscreen Pillar Outer(LH) Dented			$ 1,745.50	✓ plastic
	Front Wheel Rim (LH) 2 distorted			$ 325.30	2 ✓
	Front Wheel Hub Cap (LH) N/A			$ 107.10	✓
	Front Wheel Bearing 2 Dam			$ 540.50	2 ✓
	Front Shock Absorber (Assy) (LH) 2 distorted			$ 342.20	2 ✓
	Front Shock Absorber Mounting (LH) N/A			$ 108.80	X
	Front Drive Shaft (LH) N/A			$ 1,030.80	X
	Rack & Pinion Assy N/A			$ 969.60	X
	STG Tie End 2 distorted			$ 62.60	2 ✓
	Stabilizer Bar 2 distorted			$ 252.30	2 ✓
	Stabilizer Bar Bush (LH) N/A			$ 16.40	X
	Stabilizer Bar Link 2 distorted			$ 61.10	2 ✓
	Stabilizer Bracket N/A			$ 24.00	X
	Front Suspension Lower Arm (LH) 2 distorted			$ 529.30	2 ✓
	Knuckle Arm (LH) 2 distorted			$ 552.00	2 ✓
	Engine Under Cover N/A			$ 334.60	X
	Engine Crossmember N/A			$ 2,094.40	X
	ABS Sensor N/A			$ 234.00	X
	Wiring-Engine 2 mounting broken			$ 3,326.00	2 ✓
	Electric Power Steering N/A			$ 4,880.50	X
			SUB TOTAL	$ 25,712.30	
			LESS 20%	$ 5,142.46	
			DISCOUNTED TOTAL	$ 20,569.84	
	Front Door Comfort Logo (LH) N/A			$ 75.00	Nett ✓
	Front Windscreen Sealant N/A			$ 46.00	Nett ✓
	Front Tyre (LH) S/C			$ 216.00	Nett X
				$ 337.00	

11-12-18;13:35 ;Chunni Motor Works Pte Ltd Soon Hock

SHD 3466D

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Labour Charge				
	Panel Beating			$ ~~2,000.00~~	800/-
	Spray Painting Charge			$ ~~1,500.00~~	700/-
	Wiring Charge			$ ~~50.00~~	30/-
	Tuff Kote			$ ~~100.00~~	40/-
	Towing Charge			$ 50.00	HH
	Remove/Refix Undercarriage (FRT)			$ ~~200.00~~	150/-
	FRT Wheel Alignment			$ ~~120.00~~	60/-
	Re-set Frt ABS System			$ 200.00	HH
	Re-set Frt Power Window System			$ 200.00	HH
	Remove/Refix Aircon & Refill Gas			$ 150.00	HH
	Remove/Refix Dashboard			$ ~~450.00~~	150/-
	Remove/Refix Fuse Box			$ ~~180.00~~	50/-
	Remove/Refix Front Windscreen Glass			$ ~~120.00~~	80/-
	Remove/Refix Cushion & Upholstery Front			$ ~~90.00~~	60/-
	Diagnostic & Resetting To Erase Fault Code			$ 480.00	HH
	TOTAL LABOUR			$ 5,890.00	
	ESTIMATE TOTAL			$ 26,796.84	

11/12/2018 @ 1400hrs

HA Antural

1/5 ... 8 days.

Ryan

LKK Auto

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(s) 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.

NAME
ADDRESS

Home Tel.:
VIN:
Registration: SHD 3466 D
Technician:
Mileage: 359413
Time Printed 11.12.18 2:15 PM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
3°26'		-3°00' 3°00'
3°29'		-0°19' 5°41'
-6°25'		-1°30' 1°30'
8°29'		
11°55'		

Camber	
Caster	
Toe	
SAI	
Included Angle	
Turning Angle Diff.	

Front : Right

Actual	BEFORE	Specified Range
3°24'		-3°00' 3°00'
4°23'		-0°19' 5°41'
-0°17'		-1°30' 1°30'
7°39'		
11°03'		

Front

	Actual	BEFORE	Specified Range
Cross Camber	0°02'		-3°00' 3°00'
Cross Caster	-0°53'		-3°00' 3°00'
Cross SAI	0°50'		-3°00' 3°00'
Total Toe	-6°42'		-3°00' 3°00'
Cross Turn Diff.			

Rear : Left

Actual	BEFORE	Specified Range
-2°27'		-3°30' 2°30'
0°41'		-1°30' 1°30'

Camber	
Toe	

Rear : Right

Actual	BEFORE	Specified Range
-0°47'		-3°30' 2°30'
-0°34'		-1°30' 1°30'

Rear

	Actual	BEFORE	Specified Range
Cross Camber	-1°41'		-3°00' 3°00'
Total Toe	0°07'		-3°00' 3°00'
Thrust Angle	0°38'		-3°00' 3°00'

MC0618159859 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 11/12/2018 08:49
SUBMITTED BY: Huang XiaoYan

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/12/2018 08:58

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	11/12/2018 08:49
Date Of Accident	07/12/2018 22:00
Exact Location Of Accident	ALLAN BROOKE RD/TANJONG BEACH WALK (SENTOSA)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD3466D
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	SEOW SZE CHONG
NRIC No	S1758743I
Date Of Birth	11/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96852971
Fax Number	
Contact Number	
EMail Address	SZECHONG@SINGNET.COM.SG

- Accident involving veh no: SHD3466D & SLX5618S on 07.12.18

From: Chin, Lee-Ying
To: assignments, admin-a@lkkauto.com
Cc: Fong, Andy-SY
Sent: 11/12/2018 10:27:12 AM
Attachments: 11122018094115.pdf

Hi LKK,

10.51am @ 11/12/18
Vehicle In
Lynn
SUROBryan

Kindly assist to survey, vehicle in workshop.

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947
Lee-Ying.Chin@aig.com | www.aig.sg

From: Chunni Motor [mailto:chunnimotor@gmail.com]
Sent: Tuesday, December 11, 2018 9:49 AM
To: AIG SGP, Claims-Survey
Subject: Accident involving veh no: SHD 3466D & SLX 5618S on 07.12.18

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly arrange to survey in AMK Autopoint, Soon Hock Motor,#01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162

Thank you for your kind assistance.