

15/02/2010

CC 3/CTI1802

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO) 3

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
03/04/19	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:

SS

2,850.00

(3

days)

Reduction:

56

%

Email

Call

FINAL SETTLEMENT

Date/Time:

25.06.19

Confirm with:

WILLIAM

Email

Cal

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

22

If NO or B 28, Ass. Lia:

Repair Cost:

(w/ass)

SS

3,049.50

(OLD HIT PARKING TP)

Loss of Rental (LOR):

SS

516.00

(5

days)

\$115.00

Loss of Use (LOU):

SS

280.00

x 5

days)

Loss of Income (LOI):

SS

-

(S

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☒

[Tick only one]

GIA/LTA Search

SS

7.49

Medical:

SS

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS

-

(e.g. Tow/ Independent)

2) Report Format:

TP

Legal Cost

SS

-

3) Survey fee:

7400

Total:

SS

3,881.99

Global Sum \$S:

FINAL PAYMENT

Date/Time:

25.06.19

Confirm with:

WILLIAM

Email

Cal

Payee 1:

SS

3,881.99

Name 1:

COMPTON DELERO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 10 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Veh No: SHC 79274

Yr Regn: 27 Jul 2015

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

Truck / Trailer or

Make: Hyundai

C.C. 1600

Colour: Black

A/C: Ins'd / Std / NI / NA

Sp. Reading: 43467

T/Radio: Ins'd / Std / NI / NA

Eng/No: _____

C/No: KM4LB41MMF906X787

Gen. Cond: Good / F / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

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

Tyre Size: 205 / 60 R16

F: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Heungkook

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 13/12/8

D.O.I. 14/12/10

Survey held at CDGE (Loyang)

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

0/S Front.

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

CTZ
42

Uo \$2,050.00

CRAB: \$3,021.76 (86%)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your ref: To Be Advised
Our ref: CC3/CTI18022589/K1hb3

Date: 17.12.2018

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC7927U

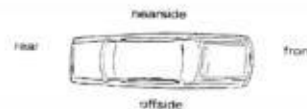
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 14.12.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	6,471.76
Revised Estimate Amount	: S\$	3,590.40
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
O/S Front portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 3 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

REPAIR ESTIMATE*

DATE 14/12/2018 15:17

MODEL : HYUNDAI i40

[illegible]

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3882231

JC NO: 305250946

TOMER MS TOMER NO. RESS (R) (P) CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O)	REGN NO.: SHC7927U	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 13.12.2018 19:40
	YR OF MANU. 27.01.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMFU064787	COMPLETION DATE/TIME:
	CHINA	

OUNT CARD NO.

Accident Date: 13.12.2018
NATURE: 3P 13.12.2018

JOB DESCRIPTION

S/NO
000010

LABOR CODE
23-01

DESCRIPTION
TOWING FEE - \$60

ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

Signature/Date

Exit Pass

Vehicle No.: SHC7927U

of Service Advisor

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

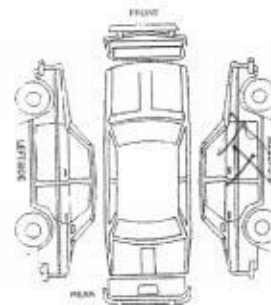
Job Requisition

1. Date: <u>13-12-18</u> Time Received: <u>2020</u>		3. Vehicle Type: ☐ Private ☒ Taxi (CTPL/CCPL) ☐ Fleet ☐ STK (Boon Lay)		4. Type of Towing: ☒ Normal Tow ☐ King Dolly ☐ Flat Bed ☐ Crane-up	
2. ☐ New ☐ SPARK Kakis Name of Customer: <u>Mr LOOI</u> Contact No.: <u>94462869</u> Vehicle No.: <u>S4C 79274</u> Make / Model / Colour: <u>TYO</u> Email: _____		5. Nature of Service: ☐ Jumpstart ☐ Recovery ☐ Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____ _____	
7. Location: <u>30 Eunos Cres MRT</u>		8. Vehicle Tow - In Workshop: ☐ Smoky Exhaust ☐ Wheel Jammed ☐ Overheating ☐ Steering Faulty ☐ Brake Faulty ☐ Alternator Faulty ☐ Starting Problem ☐ Loss Power ☒ Accident ☐ Engine Stalled ☐ Return Taxi			
9. Preferred Workshop: ☐ Braddell ☒ Loyang ☐ Pandan ☐ Sin Ming ☐ Sungei Kadut ☐ Ubi ☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD) ☐ Others: _____					

10. Odometer Reading: _____
Fuel Level: ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player

☐ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Job Attended

12. Tow Truck / Recovery Van: ☐ VRS ☒ QA ☐ GAO ☐ TZ ☐ YISHUN ☐ OTHERS
Name of Driver: Jaden NG
Vehicle No.: QGBE 2073B
Time Dispatch: 2020
Time of Arrival: 2045
Time Completed: 2110

Cash Invoice Details (if applicable)

13. Cash Invoice No.: _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

13-12-18

Date

2045

Time

[Signature]

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COP

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305250946
Date : 17/12/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No : SHC7927U CCPL

Fax :

13.12.18

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

1. The repair job shall bill to: CHINA --- GX227D
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: 20% \$2,850.00
Final Lumpsum Repair cost \$2,850.00

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 : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALVIN ANG
Date : 17/12/18

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Shu Pei (LKKAUTO)

From: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Sent: Thursday, 28 February 2019 5:11 PM
To: Shu Pei (LKKAUTO); Admin A; Vic (LKKAUTO)
Cc: Irene Tay; Alfred Toh; Hsiao Tong (LKKAUTO)
Subject: RE: Direct Settlement - Accident Involving GX227D (OI: SNM18D05792C02/7) and SHC7927U (TP : LKK REF - CC3/CTI18022589/K1hb3) on 13.12.2018
Attachments: REPORT OF GX227D.pdf

LKK REF - CC3/CTI18022589/K1hb3
CTI REF - SNM18D05792C02/7 (GX227D)

Dear Shu Pei

We refer to your emails pertaining to the above matter.

Attach herewith Insured's SAS report for your attention and further assistance.

Best Regards

Alfred Toh
Senior Executive
Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel (65) 6389 6183
Fax (65) 6224 7478
Email: claimsdept@sg.cntaiping.com
alfred.toh@sg.cntaiping.com
Website: www.sg.cntaiping.com

Disclaimer :

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From: Shu Pei (LKKAUTO) [mailto:shupeil@lkkauto.com]
Sent: Thursday, 28 February, 2019 2:51 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Irene Tay <irene.tay@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>
Subject: RE: Direct Settlement - Accident Involving GX227D (OI: SNM18D05792C02/7) and SHC7927U (TP : LKK REF - CC3/CTI18022589/K1hb3) on 13.12.2018

WITHOUT PREJUDICE REMINDER

Dear Sir / Madam,

We refer to the above matter.

Kindly let us have a copy of your insured's GIA report for our necessary action.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Thursday, 14 February 2019 9:19 AM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: 'Irene Tay' <irene.tay@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>

Subject: RE: Direct Settlement - Accident Involving GX227D (OI : CTI - TBA) and SHC7927U (TP : LKK REF - CC3/CTI18022589/K1hb3)on 13.12.2018

WITHOUT PREJUDICE

REMINDER

Dear Sir / Madam,

We refer to the above matter.

Kindly let us have a copy of your insured's GIA report for our necessary action.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Friday, 11 January 2019 10:25 AM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Lucas Lee <lucas.lee@sg.cntaiping.com>; 'Irene Tay' <irene.tay@sg.cntaiping.com>; 'Alfred Toh' <alfred.toh@sg.cntaiping.com>

Subject: RE: Direct Settlement - Accident Involving GX227D (OI : CTI - TBA) and SHC7927U (TP : LKK REF - CC3/CTI18022589/K1hb3)on 13.12.2018

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

Kindly let us have a copy of your insured's GIA report for our necessary action.

Thank you

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Thursday, 10 January 2019 4:40 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Lucas Lee <lucas.lee@sg.cntaiping.com>; 'Irene Tay' <irene.tay@sg.cntaiping.com>; Admin A <admin-a@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>

Subject: RE: Direct Settlement - Accident Involving GX227D (OI : CTI - TBA) and SHC7927U (TP : LKK REF - CC3/CTI18022589/K1hb3)on 13.12.2018

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

Kindly let us have a copy of your insured's GIA report for our necessary action.

Thank you

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Monday, 17 December 2018 6:54 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Lucas Lee <lucas.lee@sg.cntaiping.com>; 'Irene Tay' <irene.tay@sg.cntaiping.com>; Admin A <admin-a@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>

Subject: Direct Settlement - Accident Involving GX227D (OI : CTI - TBA) and SHC7927U (TP : LKK REF - CC3/CTI18022589/K1hb3)on 13.12.2018

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHC 7927U at M/s ComfortDelGro Engineering Pte Ltd (Loyang) on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Vic and he can be contacted at DID: 6841 2360.

Thank you

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

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LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC3/CTI18022589/K1eb3n2		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 11-07-2019		
		Code : CTI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GX 227D	Veh. Inspected	SHC 7927U	
Policy No.	DMCVSN3002681802	Coverage (\$)	0.00	
Claim No.	SNM18D05792C02/7	Excess (\$)	0.00	
Assign From		Assign Date	14/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU064787	Colour	YELLOW	
Odometer	434167	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/12/2018	Inspection Date	14/12/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7927U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET (RH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	HEADLAMP (RH)	CUT	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	FRONT DOOR MIRROR ASSY (RH)	BROKEN	670.00	670.00
1	WIPER CONTAINER	SERVICEABLE	61.90	-
1	WIPER CONTAINER MOTOR	SERVICEABLE	75.00	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-903.94	-660.10
			3,615.76	2,640.40
SPECIAL NETT ITEMS				
1	FRONT TYRE (RH) (SN)	SERVICEABLE	216.00	-
			216.00	-
LABOUR				
	PANEL BEATING.		1,500.00	400.00
	SPRAY PAINTING CHARGE.		750.00	450.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE.		60.00	60.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	-		-	-
	-		-	-
	-		-	-
			2,640.00	950.00
GRAND TOTAL			6,471.76	3,590.40



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,850.00
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Report Ref No. CC3/CT118022589/K1eb3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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