

ASS. REC. BY:

REF:

CS/AW19000038/Klgbsy

Special Instruction:

Surveyor
Maimun

Kalin

ASSIGNMENT (Office)

From (Person):

Dillen Senthilan

of

Tmi

Date/Time:

02/02/09 227pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 3424A

Insured:

at Workshop m/s

Comfort Delgn

Tel:

of

59 Loyung Dim

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/02/08

CA / REV / REP. / REV 24 HRS wp.

H.O.D. Endorsement:

Date/Time: 02/02/09 227pm

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 3424A - CC3 / AW19000038 / Y003W2
	SHD 2359T - X
	change to bring independent as the insured not under TMI.

Surveyor: Kelvin

REF: _____

ASSIGNMENT

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: SHO 3424A Yr Regn: 21/4, 2016

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 326749 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHCB414M44092226Gen. Cond: Good / 6 / Poor / BurntSteering: 9 / Inop / Jammed / Leaked / Burnt orBrake: 9 / Inop / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD AK orTyre Size: 205/60R16

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

TOYO / YOKO or Wulke

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 29/12/18Survey held at C D G E (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Roof/ or

o/s Body

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

Date / Time	Action / Instruction
21/8/19	Label PIP \$2940.00 / 3 Bp. (Red \$7554.68, 47%) To Kin
	Submit Inquest Report to CAKE (Loyang).
	no resurvey photo.
	Final fig should be PIP \$2936.12 (without resurvey fees)

Date/Time, File Pass to?

☐ : Prel. Report

19/11/19

☐ : Final Report

Date/Time, File Return to?

21

Report Format:

Lump Sum / LBT (3)

7P

2940.12

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp. (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos:

Others:

22/1/2019

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Jan 2019 Sendback Est	02 Jan 2019 09:18 S\$5,499.80	02 Jan 2019 14:27 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	TAN SOK MUI, ID: S17059931		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHD3424A	Date of Loss:	29/12/2018 00:00 - :59 [29 Months and 8 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1900018	Policy/Cover Note No.:	MY008617 (Comprehensive) Coverage: 18/01/2018 - 17/01/2019
Vehicle Reg. No. (Insured):	SJV2359T	Policy No. (Claimant):	
		Excess:	S\$600.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 11/01/2019]		
Driver/Custodian (Insured):	LEE CHEW CHEONG (44), NRIC: S7422653A		
Adj Asg. Remarks:	OUR INSD HAVE NOT RPT THE ACCIDENT.		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)[Compose Case Mail](#)

ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
----------	----------	------	------------	---------	---------	-------------	--------------	------------	-------

No results.

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Shiau Chan (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 8 January 2019 10:54 AM
To: Too Joon Hwa; SUR
Cc: Dillen Selvarajoo
Subject: RE: M1900018-DS-TP:SHD3424A-DOA:29.12.18-CANCELLED SURVEY ASSIGNMENT

Dear Shirley,

Thank you for the email.

Dear Shiau Chan,

FYNA-CS/TMI19000038/K1qb

Indepht Report to Contact

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Too Joon Hwa <shirleytoo@tokiomarine.com.sg>
Sent: Tuesday, 8 January 2019 9:49 AM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Cc: Dillen Selvarajoo <DillenSelvarajoo@tokiomarine.com.sg>
Subject: M1900018-DS-TP:SHD3424A-DOA:29.12.18-CANCELLED SURVEY ASSIGNMENT

Hi Veron

We just spoke.

Please cancelled this assignment as our insured had already transfer vehicle in Sept 2018.

Sorry for the inconvenience.

Shirley Too

Administrative Assistant, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6409 | F (65) 6221 2101 |
E shirleytoo@tokiomarine.com.sg | W www.tokiomarine.com

A member of the
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject
to the Personal Data Protection Policy Statement posted at www.tokiomarine.com.

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named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this

email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

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	31/12/2018 07:33
Date Of Accident	29/12/2018 22:05
Exact Location Of Accident	TAMPINES NORTH DRIVE 2 TWDS IKEA CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3424A
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	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	CHIA SIN LEE CHRISTOPHER
NRIC No	S6842205A
Date Of Birth	18/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96807207
Fax Number	
Contact Number	
EMail Address	KRIZOFFER@GMAIL.COM

Address	885 #05-17 TAMPINES STREET 83
Postcode	520885
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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

SEE ATTACH.

Attachment(s)

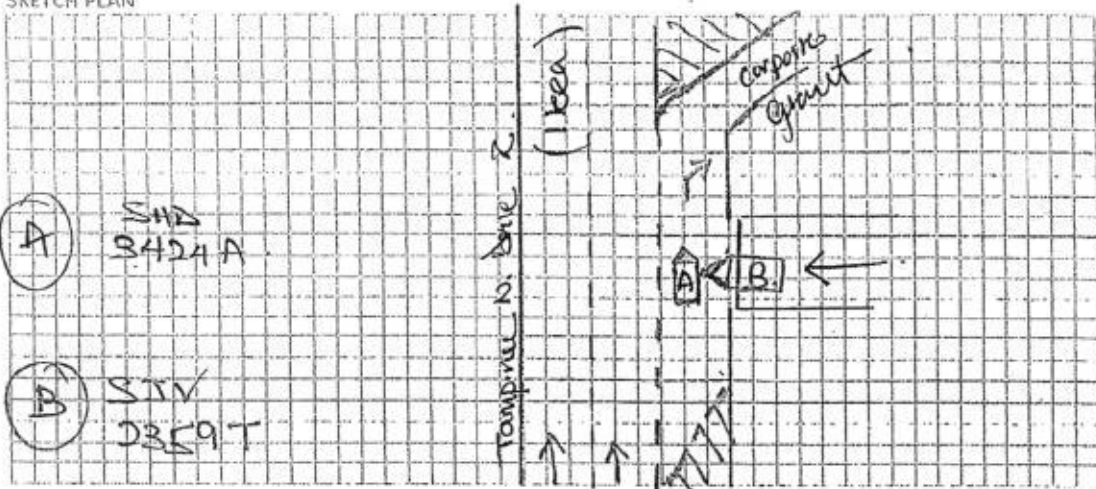
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV2359T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHEW CHEONG
NRIC/Passport Number	S7422653A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 29 Dec 2018 @ 20:45 hrs I (Vett A) was driving straight towards the above location. Suddenly Vett B came from a minor rd without stopping at stop line and hit Vett A Right Centre. No PAK on Vett A.

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)

Reporting Centre Personnel's Signature
Name:

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:

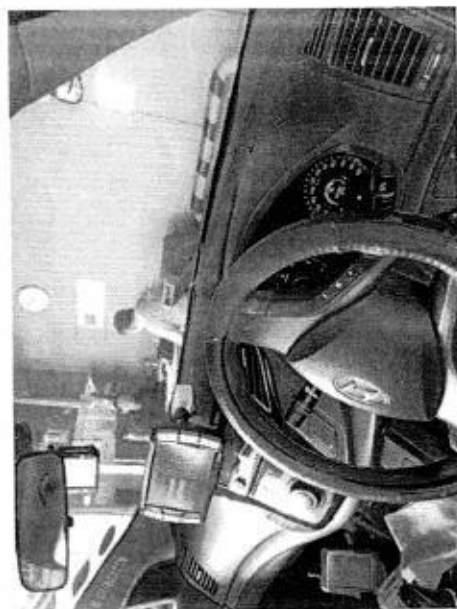
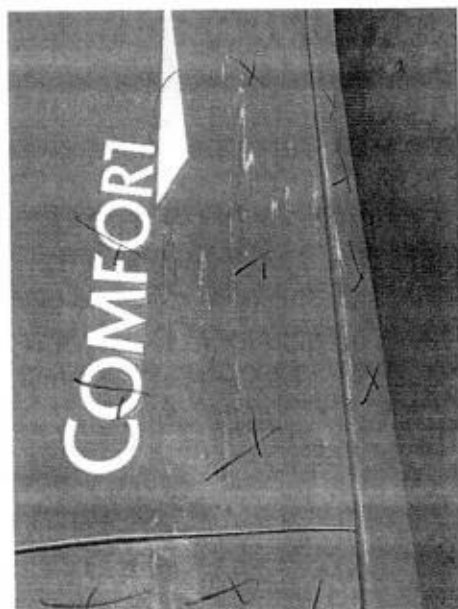
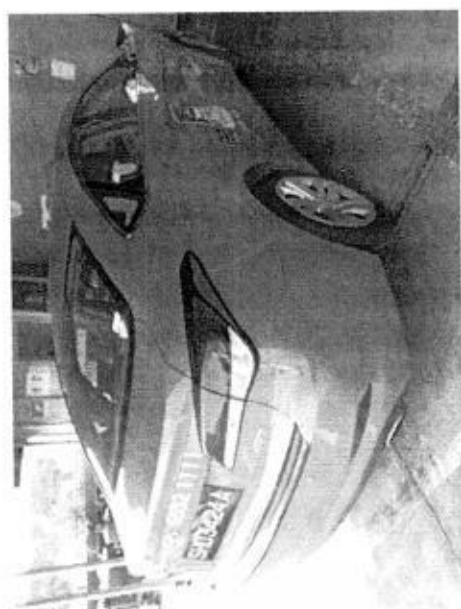
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

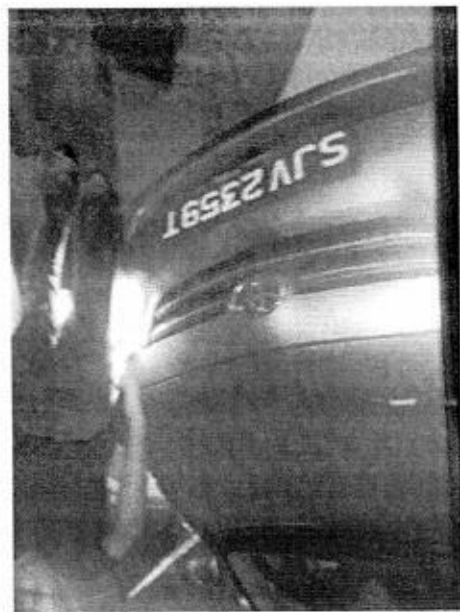
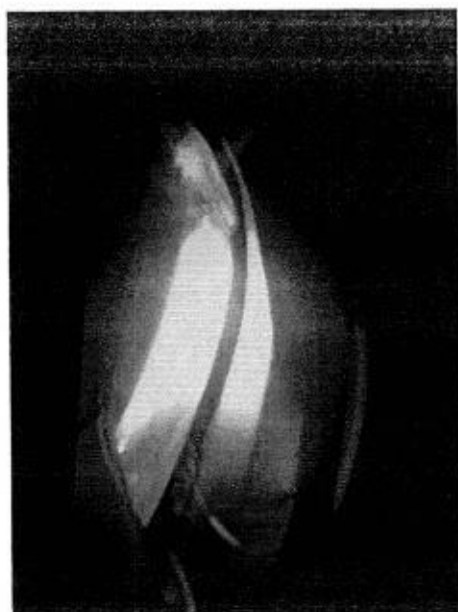
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

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.:





A member of COMFORTDELGRO

Date/Time: 31.12.2018 13:43 Page : 1

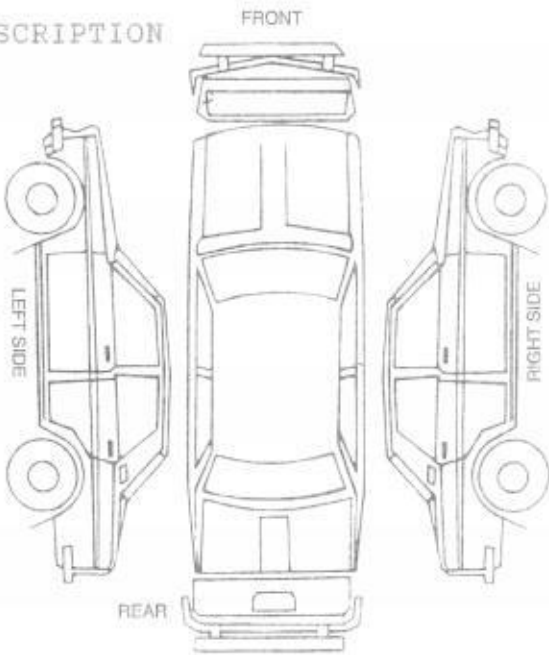
Team: ARC Repair TP(CLSO)1		JOB CARD		Sales Order:		JC NO.: 305255805	
CUSTOMER				REGN NO.: SHD3424A		MILEAGE	
VMS COMFORT TRANSPORTATION PTE LTD				MAKE : HYUNDAI		FUEL	
STOMER NO. 7010045				MODEL I-40		E.....1/2.....F	
DRESS 383 SIN MING DRIVE				YR OF MANU 21.07.2016		DATE/TIME IN 29.12.2018 22:45	
Singapore SINGAPORE 575717				CHASSIS CODE KMHLB41UMGU092226		COMPLETION DATE/TIME:	
65508755 (R) (O)							
(P)							
COUNT CARD NO.							

Accident Date: 29.12.2018
NATURE: 3P 29.12.2018

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHD3424A CHIANG		Vehicle No.: SHD3424A	
Signature/Date		Name of Service Advisor	
Signature/Date		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)
CTPL

Singapore

Chiang

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	29/12/2018
Vehicle Reg. No.:	SHD3424A	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	21/07/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU660012	Chassis No:	KMHLB41UMGU092226
Odometer:	326749 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	4,079.80
Miscellaneous Items	10.00
Labour	1,410.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,499.80
+ GST 7.00% (S\$)	384.99
Nett Amount (S\$)	5,884.79

This claim is handled by: JUMANI BIN MASUDIN

54 84.92

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 02 Jan 2019)**Parts:** 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHD3424A/02/01/2019 09:18**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 DOOR RH <i>Rest</i>	20.00	0.00	*2,256.40 FL
2	1		*RH ROCKER PANEL OUTER GARNISH <i>X My car</i>	20.00	0.00	*341.40 FL
3	1		*REAR DOOR <i>X My car</i>	20.00	0.00	*2,201.10 FL
4	1		*FRT WHHEL HUB CAP RH <i>X one</i>	20.00	0.00	*107.10 FL
5	1		*FRT DOOR COMFORT LOGO <i>one</i>	0	0.00	*75.00 FS
6	1		*RR DOOR COMFORT LOGO & APP <i>one</i>	0	0.00	*80.00 FS

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

Sub Total (S\$) **5,061.00**- List Item Discount on L Items (S\$) **981.20**Total Parts (S\$) **4,079.80**

ComfortDelGro Engineering Pte Ltd/SHD3424A/02/01/2019 09:18. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 300
2	SPRAY PAINTING	New	750.00 600
3	TUFF KOTE	New	50.00 20
4	TRANSFER OF DOOR PARTS	New	120.00 50
5	FRT WHEEL ALIGNMENT	New	90.00 X 1
Gross Labour Cost (S\$)			1,410.00

ComfortDelGro Engineering Pte Ltd/SHD3424A/02/01/2019 09:18. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka lor 11/11/19

2/1/19 11:40 hrs

3 Days

P/P

Before Paint p/h



Our Job Ref No : 305255805
Date : 05/01/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM


To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD3424A

Fax :


29/12/2018

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

1. The repair job shall bill to: TOKIO SJV2359T
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,960.12
 - (b) Labour Charges \$980.00
 - Total for Part-By-Part Repair Cost \$2,940.12**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
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.

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

We confirm the estimates and finalized amount

Signature : 
Name : KALVIN
Date : 21/1/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.01.2019

REPAIR ESTIMATE

Time: 10:12:56

Page: 1

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

JOB NO : 305255805
REGN NO : SHD3424A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 21.07.2016
DATE/TIME IN : 29.12.2018 22:45
ACCIDENT DATE : 29.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0592-G	I40VC PANEL ASSY-FR DR RH	1	2,256.40	20.00	1,805.12
0002 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	2.00-	75.00
0003 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00	0.20	80.00

SUB-TOTAL : 1,960.12

JOB NATURE

0000 L	MERIMEN FEE	10.00	
0001 L	PANEL BEATING	300.00	
0002 23-502	SPRAYPAINT ON AFFECTED AREA	600.00	
0003 20-00	TUFF COAT ON AFFECTED PARTS.	20.00	
0004 20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP	50.00	
SUB-TOTAL :		980.00	

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

JOB NO : 305255805
REGN NO : SHD3424A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 21.07.2016
DATE/TIME IN : 29.12.2018 22:45
ACCIDENT DATE : 29.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,940.12

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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

COMFORTDELGRO ENGINEERING PTE LTD

Ref : CS/QW19000038/K1qbs2

59 LOYANG DRIVESINGAPORE 508969

Date : 23-01-2019



Code : QW007

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHD 3424A
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	02/01/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092226	Colour	BLUE
Odometer	326749	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/12/2018	Inspection Date	02/01/2019
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
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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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3424A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR RH	DENTED	2,256.40	2,256.40
1	RH ROCKER PANEL OUTER GARNISH	TO REPAIR SEE LABOUR	341.40	-
1	REAR DOOR	TO REPAIR SEE LABOUR	2,201.10	-
1	FRT WHEEL HUB CAP RH	SERVICEABLE	107.10	-
	LESS 20% DISCOUNT		-981.20	-451.28
			3,924.80	1,805.12
SPECIAL NETT ITEMS				
1	FRT DOOR COMFORT LOGO (SN)	NECESSARY	75.00	75.00
1	RR DOOR COMFORT LOGO & APP (SN)	NECESSARY	80.00	80.00
			155.00	155.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF RH ROCKER PANEL OUTER GARNISH AND REAR DOOR.		400.00	300.00
	SPRAY PAINTING.		750.00	600.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR PARTS.		120.00	50.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	90.00	-
			1,410.00	970.00
GRAND TOTAL			5,489.80	2,930.12
RECOMMENDED COST OF REPAIRS				2,930.12

Report Ref No. CS/QW19000038/K1qbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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