

DATE

NAZ

REF:

CC3/TML19000192/Ngloz

SC

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s:

of

Insured SJF 2320m

Policy No: M7107316

Claims No: M1900055

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
X	X

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{up}

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SHC 8526L Yr Regn: 3 DEC 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Primo Mover /

Truck / Trailer or

Make: HYUNDAI 140 C.C. 1,685

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

Sp. Reading: 604,152 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB42UMG480719

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R.16

R: 11

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

TOYO / YOKO or HANKOOK

Front Rear

R/Bal. 6 mm R/Bal. 5 mm

L/Bal. 6 mm L/Bal. 5 mm

D.O.A. 1/1/19 D.O.I. 3/1/19

Survey held at: COGE LOYANG

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time	Action / Instruction	DIA	Tml
	SHC 8526L - CC3/CAE/140/8927/Hmg1	04.10.14	L/S
	SJF 2320M - CS/INC/10001253/Rvh	(512)004	

7/1/19 Email GIA to TMI
 18/1/19 FINALIZED LUMP SUM REPAIR \$ 900.00 / 2 DAYS
 (Red to 656.88, 42%)

RECEIVED 21 JAN 2019

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 21/1/19 ^{travis}
 Date/Time, File Return to?
 2)

Days Of Repair: 2
 Resurvey No. of Trip:

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

Report Format: MERTP
 Lump Sum / I.B.I.: (\$ 900)

Survey Fee:
 Transportation:
) \$ + RS.
) Photos:
) Others:
)
 TOTAL

Veron Chen (LKKAuto)

From: Too Joon Hwa <shirleytoo@tokiomarine.com.sg> on behalf of Motor Claims <motorclaims@tokiomarine.com.sg>
Sent: Monday, 7 January 2019 10:27 AM
To: Veron Chen (LKKAuto)
Subject: RE: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 1/1/2019, SHC 8526L (TP Vehicle), SJF 2320M (OI Vehicle)

Hi Veron

Already assign through Merimen.

Thanks.

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.

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Monday, 7 January, 2019 9:17 AM
To: Motor Claims <motorclaims@tokiomarine.com.sg>; SUR <sur@lkkauto.com>
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 1/1/2019, SHC 8526L (TP Vehicle), SJF 2320M (OI Vehicle)

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 8526L at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 3/1/2019

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,

Veron Chen | Case Handler on behalf of Shiau Chan

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)

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 7 January 2019 9:17 AM
To: motorclaims@tokiomarine.com.sg; SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 1/1/2019, SHC 8526L (TP Vehicle), SJF 2320M (OI Vehicle)
Attachments: GIA.pdf; MARK EST.pdf

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

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	02/01/2019 15:47
Date Of Accident	01/01/2019 21:10
Exact Location Of Accident	WOODLANDS AVE 7 (SLIP RD) TWDS W'LAND AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8526L
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	YEE HOCK BENG (YU FUMING)
NRIC No	S7522712D
Date Of Birth	03/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90696937
Fax Number	
Contact Number	
EMail Address	KELVINYEEHB@GMAIL.COM

Address	165B #15-36 YUNG KUANG ROAD
Postcode	612165
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 (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)	2
Passenger 1	NAME: ; - GENDER: ; MALE

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.

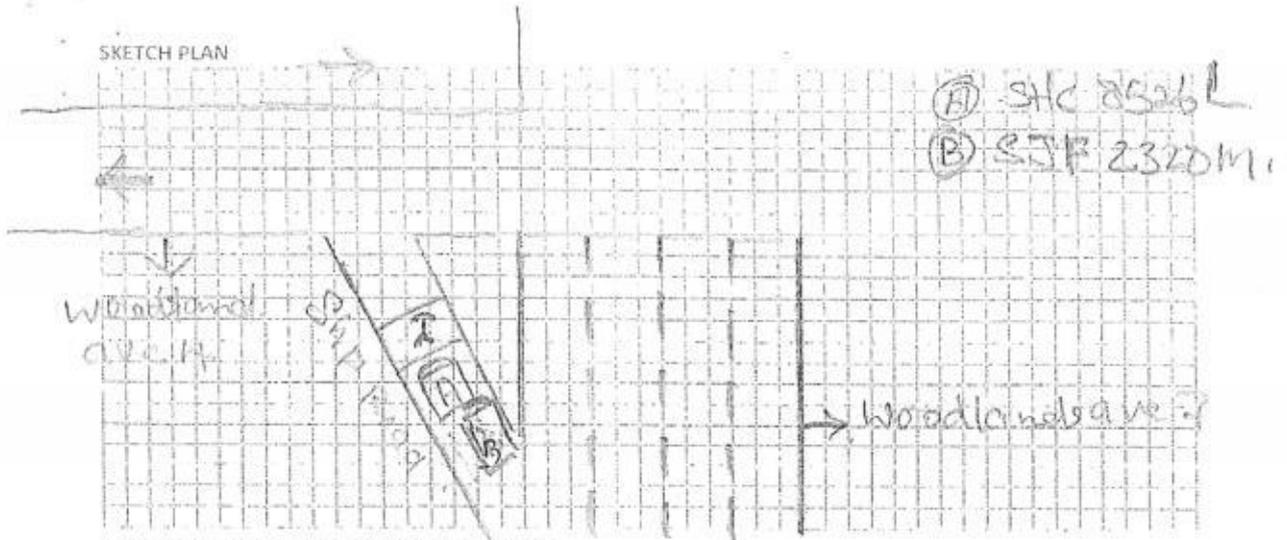
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF2320M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HOCK GUAN
NRIC/Passport Number	S1368012D
Contact Number	83816187
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/01/2019 at about 2116 hrs, I vehicle A was driving my taxi along woodland ave 7 (slip road) toward woodland ave 4, when I approaching to zebra crossing and pedestrian is crossing. Then I slow down to let cross. Before coming to stop. Vehicle B came from my rear and collided onto vehicle A rear portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303921R

Policyholder's Signature
Date & Time:

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

2/1/19
Jackson Heng
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

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:

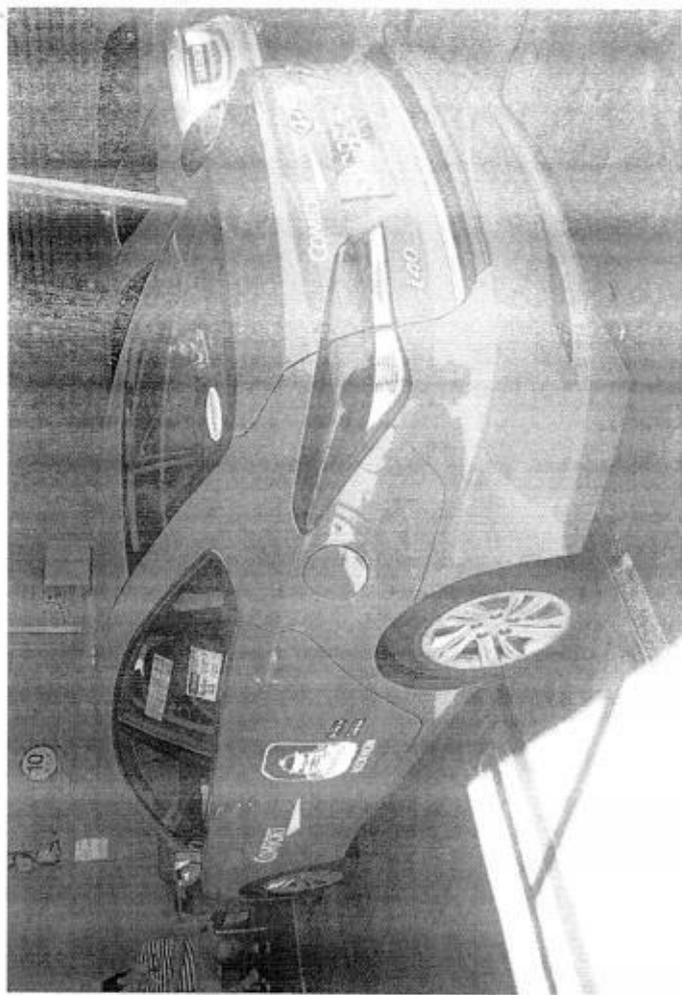
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

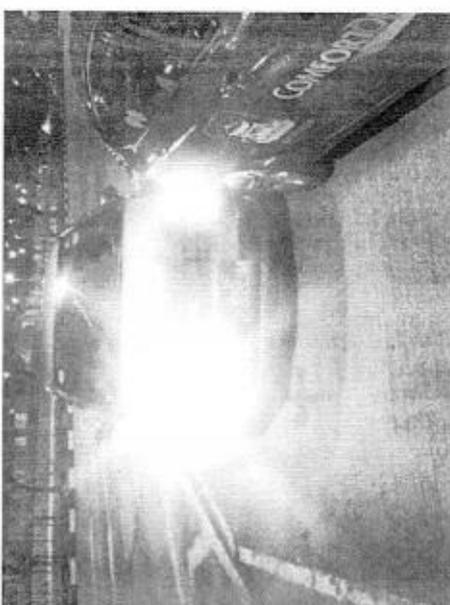
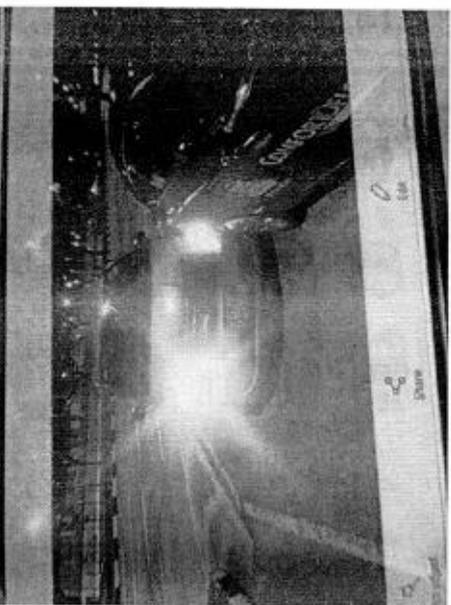
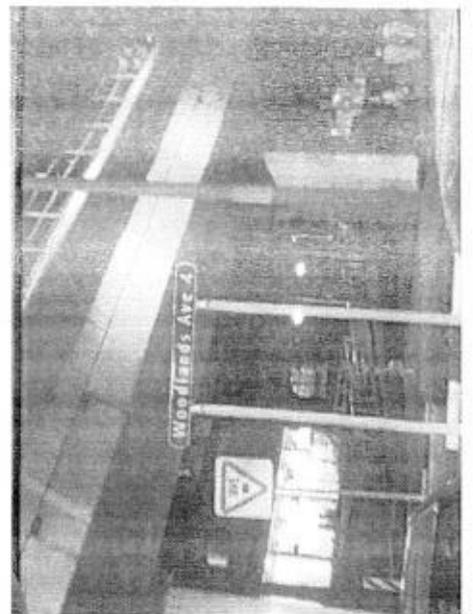
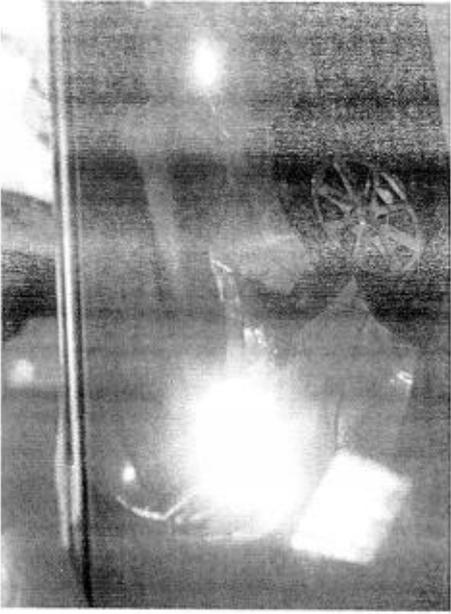
COMFORT TRANSPORTATION PTE L.L.C.
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

2/1/19
Jackson Heng
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305256246

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 IEISS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO:	SHC8526L	MILEAGE
	MAKE:	HYUNDAI	FUEL E.....1/2.....F
	MODEL	I-40	DATE/TIME IN 02.01.2019 11:45
	YR OF MANU	03.12.2015	TARGET DATE
	CHASSIS CODE	KMHLB41UMGU080719	COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.01.2019
 NATURE: 3P 01.01.19

S/NO	LABOR CODE	DESCRIPTION

BOOKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Confirmation Slip
 No.: SHC8526L JU TOKIO

 Service Advisor Signature/Date

Exit Pass
 Vehicle No.: SHC8526L

 Name of Service Advisor Date
 To be kept by Security Guard

Returned to Service Reception upon collection

ComfortDelGro Engineering Pte Ltd (Co.Reg.No.199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)** *AM*
 CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/01/2019
Vehicle Reg. No.:	SHC8526L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	03/12/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4DFDU564952	Chassis No:	KMHLB41UMGU080719
Odometer:	0 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	716.88
Miscellaneous Items	10.00
Labour	830.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,556.88
+ GST 7.00% (S\$)	108.98
Nett Amount (S\$)	1,665.86

This claim is handled by: **JUMANI BIN MASUDIN**

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 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHC8526L/02/01/2019 17:06
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		*REAR BUMPER ASSY	20.00	0.00	*553.00 FL
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL
4	1		*REAR BUMPER REFLECTOR LAMP RH	20.00	0.00	*30.60 FL
5	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F
Sub Total (S\$)						883.60
- List Item Discount on L Items (S\$)						166.72
Total Parts (S\$)						716.88

F=Franchise part. L=ListItemDisc.

CRIC
NEG
?
DEF
NBL

ComfortDelGro Engineering Pte Ltd/SHC8526L/02/01/2019 17:06. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

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	400.00 - 200
2	SPRAYPAINT	New	300.00 - 200
3	WIRING	New	50.00 X NN
4	REMOVE/REFIX REVERSE SENSOR	New	80.00 - 20
Gross Labour Cost (S\$)			830.00

ComfortDelGro Engineering Pte Ltd/SHC8526L/02/01/2019 17:06. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

[Handwritten Signature]
9/1/19

NAZ LKIC
3/1/19 1545
LIS
2 DAYS
CHECK ITEMS PHOTO
AFTER REPAIR PHOTO

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:

COMFORTDELGRO ENGINEERING

Our Job Ref No 305256246

Date : 07/01/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

: SHC8526L

Date of Accident : 01/01/19

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

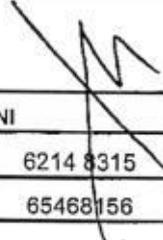
- The repair job shall bill to: TOKIO --- SJF232M
###
- The finalized amount shall be:
 - Spare Parts after List discount _____
 - Labour Charges ### _____
 - Total for Part-By-Part Repair Cost** _____
- Lumpsum Repair (if applicable) N
Total for Lumpsum repair cost after Less: 20% \$ 900.00
Final Lumpsum Repair cost _____

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : NAZ LKK

Date : 18/1/19

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:

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	02 Jan 2019 Sendback Est	02 Jan 2019 17:06 S\$1,556.88	04 Jan 2019 16:36 Edit Adj Rpt	S\$900.00 Edit Estimates	S\$900.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS									
Insured:	NG CHIONG HOON , ID: S0815966A								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHC8526L	Date of Loss:	01/01/2019 00:00 - :59 [36 Months and 29 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1900055	Policy/Cover Note No.:	MT102316 Coverage: 11/05/2018 - 22/05/2019						
Vehicle Reg. No. (Insured):	SJF2320M	Policy No. (Claimant):							
		Excess:	S\$0.00						
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 Roland Heng Cheng Liang - 6592 6400]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 15/01/2019]								
Driver/Custodian (Insured):	LIM HOCK GUAN (59), NRIC: S1368012D								
ASSOCIATED MAIL RECEIVED									
There are no mail for this case.			View All Compose Case Mail						
ALL ASSOCIATED TASKS									
View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

SHC8526L (M1900055)
[SJF2320M]
TP
CTPL
Jan 1 2019 12:00AM
[NG CHIONG HOON]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter

View View in Browser ▾

Assessment Reports

1 per page ▾

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	02/01/19 17:06	Repairer Estimates	Load HTM	<input type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	04/01/19 16:35	Accident Statement From: SC - Reg. No: SJF2320M, Claimant: NG CHIONG HOON	Load HTM	<input type="checkbox"/>

Photos/Images

3 per page ▾

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
2	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
3	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
4	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
5	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
6	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
7	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
8	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
9	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
10	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
11	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
12	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
13	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
14	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
15	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
16	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
17	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
18	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
19	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
20	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
21	18/01/19 11:19	General View	Load JPG	<input checked="" type="checkbox"/>
22	22/01/19 09:26	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
23	22/01/19 09:26	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
24	22/01/19 09:26	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
25	22/01/19 09:26	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
26	22/01/19 09:26	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
27	22/01/19 09:27	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
28	22/01/19 09:27	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
29	22/01/19 09:27	Reinspection Photo	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
Documentation			1 per page ▾	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	02/01/19 17:07	E-filed GIA report	 Load PDF	

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/TMI19000192/NQBS2

Date: 22/01/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MT102316

Claimant Vehicle No: SHC8526L

Insured Vehicle No: SJF2320M

Date of Loss: 01/01/2019

Nature of Claim: TP

Claim No: M1900055

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8526L

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

Engine No: D4FDEU475030

Reg. Date: 03/12/2015 (Man. Year: 2015)

Chassis No: KMHLB41UMGU080719

Colour: Blue

Odometer: 604152 km

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

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

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Good 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: Hankook 6 mm

Rear Left Side: Hankook 5 mm

Front Right Side: Hankook 6 mm

Rear Right Side: Hankook 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	716.88	716.88	0.00	0.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	830.00	420.00	410.00	49.40
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,556.88	1,146.88	410.00	26.33
Approved Total (Overridden) (S\$)		900.00		
(S\$)	1,556.88	900.00	656.88	42.19
+ GST 7.00/7.00% (S\$)	108.98	63.00	45.98	42.19
Nett Amount (S\$)	1,665.86	963.00	702.86	42.19

INSPECTION

Date of Assignment: 04/01/2019 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)
 Date Inspected: 03/01/2019 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)
 59 Loyang Drive
 Singapore 508969
 Estimated Period of Repair: 2.0 days

Adjuster: Muhammad Nazril Bin Abdullah

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
https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_printprt&caseid=777977&extid=291778&CFID=47345941&C... 1/4

any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS**Reference**

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 22 Jan 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC8526L)
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		*REAR BUMPER ASSY	Cracked	553.00 FL	*553.00 FL	
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL	
3	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL	
4	1		*REAR BUMPER REFLECTOR LAMP RH	Deformed	30.60 FL	*30.60 FL	
5	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 F	
					Sub Total (S\$)	883.60	883.60
					- List Item Discount on L Items 20.00/20.00% (S\$)	166.72	166.72
					Total Parts (S\$)	716.88	716.88

F=Franchise part. 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	400.00	200.00
2	SPRAYPAINT	New	300.00	200.00
3	WIRING	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	20.00
Gross Labour Cost (S\$)			830.00	420.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >