

ASS. REC. BY:

REF:

CS/TM19000529/Rlvbn2

Special Instruction:

Surveyor

M. Amin

ASSIGNMENT (Office)

From (Person):

Fiona Gun

of

TM

Date/Time:

09/12/19 3:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 8938 G

Insured:

YP 1123 S

at Workshop m/s

Comfort Delgro

Tel:

of

59 Loyang Dr

Policy No:

MJ000715

Claim No:

M1900166

Sum Insured:

Excess:

Make of Veh:

D.O.A.

08/12/19

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

09/12/19 4:17pm

Person Contacted:

Fauzy

Vehicle: IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 8938 G - CS / FCL15006360 / Rlvbn2

DIA: 09/04/2018

YP 11233 - X

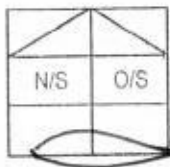
16/1/19

LS \$ 1250 confirmed by email (Red 34,97,06, 7419)

REF: *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.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SHL 89384* Yr Regn: *2016 / APN*
 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: *313183* T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: *KMHL641UM4U087467*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: *In order* / Jammed / Leaked / Burnt or

Brake: *In order* / Jammed / Leaked / Burnt or

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

Tyre Size: F: *205/60R16*
 R: *205/60R16*

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

Front	Rear
R/Bal. <i>5</i> mm	R/Bal. <i>5</i> mm
L/Bal. <i>5</i> mm	L/Bal. <i>5</i> mm
D.O.A. <i>08/01/19</i>	D.O.I. <i>10/01/19</i>

Survey held at *Comfort Lodge*

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

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

Date / Time Action / Instruction

RECEIVED 16 JAN 2019

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) *16/1- typist*

Report Format : *Merimen*

Lump Sum / L.B.F: (\$) *1250/2*

Days Of Repair: *3*

Resurvey No. of Trip: *1*

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

Survey Fee:

Transportation:

5 + RS. 51

Photos

Others

TOTAL

250
10
260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Jan 2019 Sendback Est	09 Jan 2019 14:10 S\$4,747.06	09 Jan 2019 15:14 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

Insured:	KEE SONG FOOD CORPORATION (S) PTE. LTD., Co. Reg. No.: 198701006E		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8938G	Date of Loss:	08/01/2019 10:00 - :59 [32 Months and 25 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1900166	Policy/Cover Note No.:	MJ000715 (Comprehensive) Coverage: 01/06/2018 - 31/05/2019
Vehicle Reg. No. (Insured):	YP1123S	Policy No. (Claimant):	D-18088936MFSH
		Excess:	S\$2,500.00
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 Fiona Gan Bee Song - 65926378]		
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 18/01/2019]		
Driver/Custodian (Insured):	FAN DINGDING (59), NRIC: G8709386M		
Adj Asg. Remarks:	OUR INSD HAVE NOT REPORT THE ACCIDENT.		

ASSOCIATED MAIL RECEIVED

View All Compose Case Mail

There are no mail for this case.

ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Veron Chen (LKKAUTO)

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Wednesday, 16 January 2019 1:27 PM
To: Veron Chen (LKKAUTO); Rasul (LKKAUTO)
Cc: SUR
Subject: Re: SHC 8938G-DOA: 8/1/2019 FINALIZE

Hi Veron,

Confirmed.

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156

From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Wednesday, 16 January 2019 12:48:27 PM
To: Fauzy Bin Mokhtar; Rasul (LKKAUTO)
Cc: SUR
Subject: RE: SHC 8938G-DOA: 8/1/2019 FINALIZE

Dear Fauzy,

WITHOUT PREJUDICE

Offer Lump Sum \$1250/- @ 3 working days.

Please check and confirm

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: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Tuesday, 15 January 2019 3:58 PM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; Rasul (LKKAUTO) <Rasul@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: Re: SHC 8938G-DOA: 8/1/2019 FINALIZE

Hi Veron,

Attached is the Finalize and after paint photo.

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Tuesday, 15 January 2019 1:57:47 PM
To: Fauzy Bin Mokhtar
Cc: SUR
Subject: SHC 8938G-DOA: 8/1/2019

Dear Fauzy,

Kindly advise vehicle status.

If vehicle has been repaired, please forward us finalize.

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)

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	08/01/2019 14:25
Date Of Accident	08/01/2019 10:15
Exact Location Of Accident	SLIP RD FROM LOR 2 TOA PAYOH TO PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8938G
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	TAN BOON HIAN
NRIC No	S1744310J
Date Of Birth	07/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1986
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96366829
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 201B COMPASSVALE DRIVE #10-523
Postcode	542201
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?	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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BISHAN N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190108/2041

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	YP1123S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FAN DINGDING
NRIC/Passport Number	G8709386M
Contact Number	

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN BOON HIAN

Approximate Age

52

Injuries Sustain

BACK PAIN. ON 5 DAYS MC.

Injured person in which vehicle?

SHC8938G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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. 199202321R

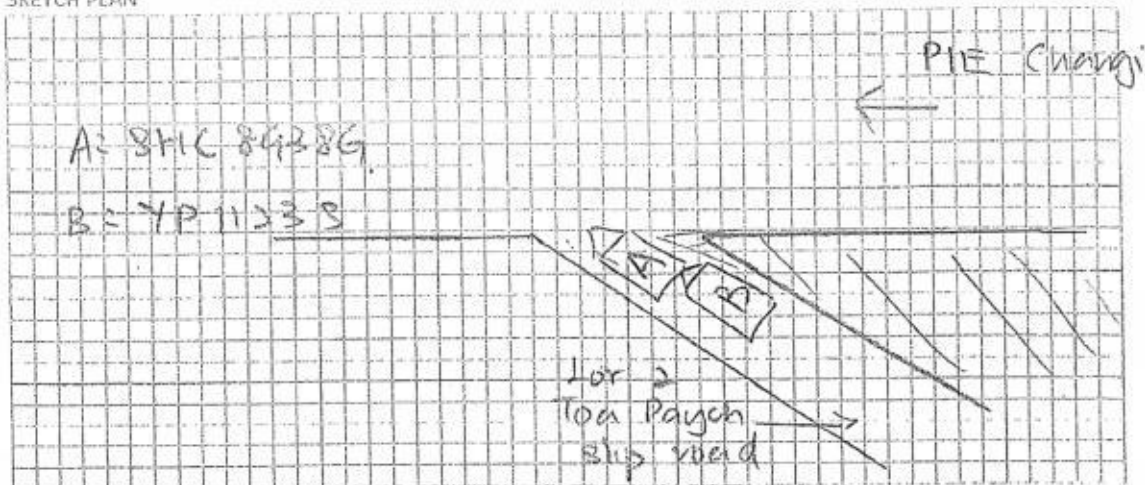
Policyholder's Signature
Date & Time:


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


Loke Wei Hong
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 81114

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/ 20190108 / 2041

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199203821R

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.:

Loke Wei Yiong

8/1/19



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20190108/2041

1 of 3

Report No. T/20190108/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2019 12:01		Vide Report No.:		Station Diary No.: 97	
Informant's Particulars					
Name of Informant: TAN BOON HIAN			Address: APT BLK 201B COMPASSVALE DRIVE #10-523 SINGAPORE 542201		
ID Type / ID No.: NRIC NO / S1744310J			Contact No.: Home/Office: Mobile: 96366829		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 07/09/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2019 10:15	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 LORONG 2 TOA PAYOH PAN ISLAND EXPRESSWAY Lorong 2 Toa Payoh to PIE Changi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8938G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	2 F
YP1123S	Lorry	MITSUBISHI	CANTER FEB21ER3S DEB (CBU)	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190108/2041

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20190108/2041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BOON HIAN	ID No.	S1744310J
Related Vehicle	SHC8938G (Car)	Contact No.	96366829
Hospital/Clinic	INTEMEDICAL 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/01/2019	Date Discharge	08/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Fan Dingding	ID No.	G8709386M
Related Vehicle	YP1123S (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/01/2018 at about 10.15am, I was driving my taxi SHC8938G (Hyundai/ Blue) along Lorong 2 Toa Payoh towards PIE Changi with 2 passengers onboard. During that point of time, it was not raining and the road surface was dry. Visibility was clear and the traffic volume was moderate. When I was at the slip road giving way to the on coming traffic at the give way lines at a complete stop, I felt a strong impact from the rear. I alighted to check and realized a lorry YP1123S (Mitsubishi/ White) had failed to stop in time and caused the accident. After the accident, no one sustained serious injury that requires ambulance. We exchanged particulars and left the accident location. Thereafter, I felt my back is painful and consulted a doctor at Intemedical 24 hr Clinic and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190108/2041

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Report No. T/20190108/2041

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

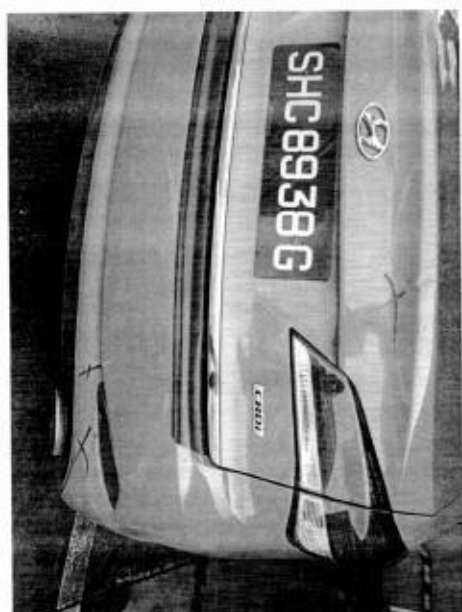
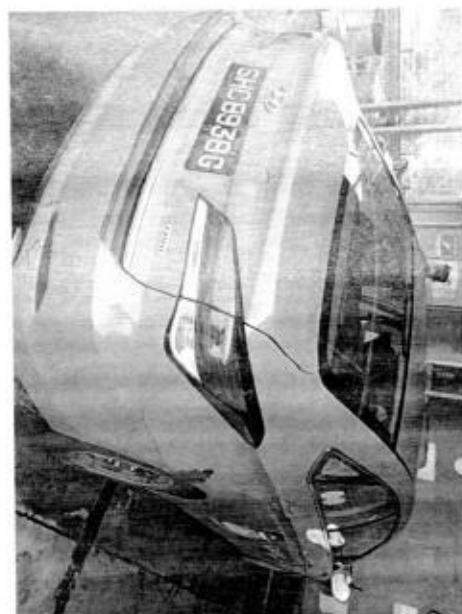
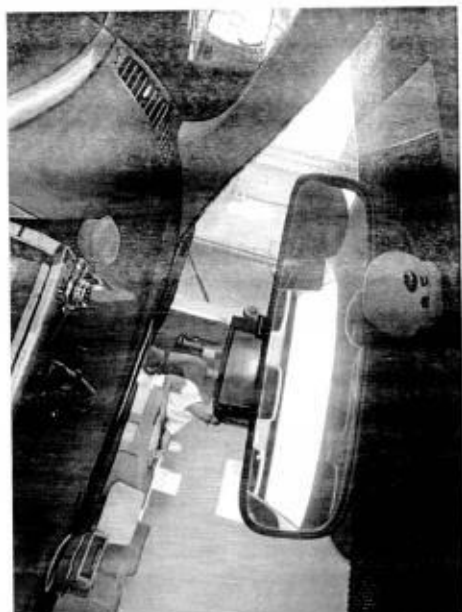
CONTINUATION OF REPORT

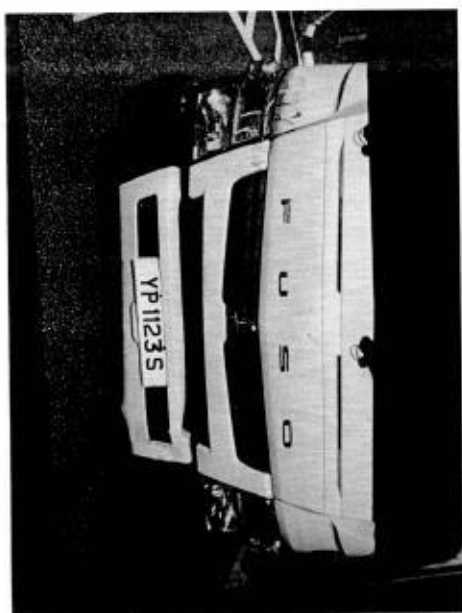
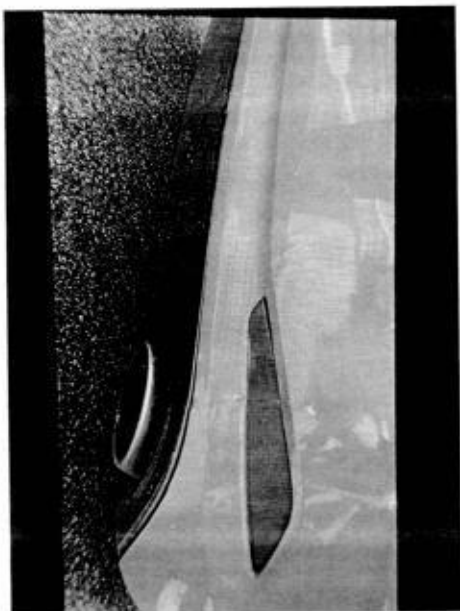
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Staff Sgt ONG KIAN KENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2019 12:01
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	SN 061





ComfortDelGro Engineering Pte Ltd (Co. Reg. No: 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

FZ

LKK

/ REAR RIGHT

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	08/01/2019
Vehicle Reg. No.:	SHC8938G	Driveable?	NO
Party At Fault:	UNKNOWN		
Driver (TP):	TAN BOON HIAN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	14/04/2016
Vehicle Colour:	BLUE	Gen Condition:	FAIR
Engine No:	D4FDFU609886	Chassis No:	KMHLB41UMGU087467
Odometer:	200000 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	6		
Description of Accident/Loss	PLS REFER TO POLICE REPORT : T/20190108/2041		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,377.06
Miscellaneous Items	10.00
Labour	1,360.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,747.06
+ GST 7.00% (S\$)	332.29
Nett Amount (S\$)	5,079.35

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 09 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/SHC8938G/09/01/2019 14:10

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		*BOOTLID [?] repair ✓	20.00	0.00	*2,174.90 FL
2	1		*BOOTLID EMBLEM H ✓	20.00	0.00	*28.70 FL
3	1		*BOOTLID CRDI PLATE ✓	20.00	0.00	*27.90 FL
4	1		*BOOTLID LAMP RH ✓	20.00	0.00	*565.60 FL
5	1		*BOOTLID MOULDING ✓	20.00	0.00	*85.00 FL
6	1		*BOOTLID EMBLEM I40 ✓	20.00	0.00	*27.90 FL
7	1		*BOOTLID LOWER GARNISH ✓	20.00	0.00	*227.90 FL
8	1		*REAR BUMPER ✓	20.00	0.00	*553.00 FL
9	1		*REAR BUMPER CLIPS 10PCS ✓	20.00	0.00	*2.20 FL
10	1		*REAR BUMPER UNDER COVER ✓	20.00	0.00	*228.00 FL
11	1		*REAR BUMPER REFLECTOR LAMP RH ✓	20.00	0.00	*30.60 FL
12	1		*BOOTLID COMFORT LOGO & TEL NO. STICKER ✓	0	0.00	*30.00 FS
13	1		*REAR BUMPER REVERSE SENSOR ✓	0	0.00	*135.70 FS
14	1		*REAR BUMPER RUBBER MAT ✓	0	0.00	*50.00 FS

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

Sub Total (S\$)	4,167.40
- List Item Discount on L Items (S\$)	790.34
Total Parts (S\$)	3,377.06

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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	300 600.00
2	SPRAY PAINTING CHARGE	New	400 600.00
3	WIRING CHARGE	New	10 30.00
4	REMOVE / REFIX REVERSE SENSOR	New	50 80.00
5	TUFF KOTE	New	20 50.00
Gross Labour Cost (S\$)			1,360.00

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< END OF ESTIMATES >

Resue
Hp 90010068
10/1/19

3 days

P/P

10/01/19 @ 1500

Resue by paint

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 Pte Ltd (Co. Reg. No: 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY
Policy No:
Vehicle Reg. No.: SHC8938G
Party At Fault: UNKNOWN
Driver (TP): TAN BOON HIAN

Ref. No:
Date of Loss: 08/01/2019
Driveable? NO

Make/Model: HYUNDAI I40, 1.7 D CRDI (A)

Vehicle Reg. Date: 14/04/2016
Gen Condition: FAIR
Chassis No: KMHLB41UMGU087467

Vehicle Colour: BLUE
Engine No: D4DFDU609886
Odometer: 200000 KM

Paint Type:
List Item Discount: 20.00 %
Total Loss? NO
Est. Duration of Repair (day) 6

Description of Accident/Loss: PLS REFER TO POLICE REPORT : T/20190108/2041
Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS

Parts
Miscellaneous Items
Labour
Paintwork Labour
Towing

Amount

3,377.06
10.00
1,360.00
0.00
0.00

Gross Total (S\$) 4,747.06
+ GST 7.00% (S\$) 332.29
Nett Amount (S\$) 5,079.35

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 09 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/SHC8938G/09/01/2019 14:10

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	*BOOTLID ¹ repair ✓	20.00	0.00	*2,174.90 FL
2	1	*BOOTLID EMBLEM H ✓	20.00	0.00	*28.70 FL ✓
3	1	*BOOTLID CRDI PLATE ✓ X	20.00	0.00	*27.90 FL ✓
4	1	*BOOTLID LAMP RH X	20.00	0.00	*565.60 FL
5	1	*BOOTLID MOULDING X	20.00	0.00	*85.00 FL
6	1	*BOOTLID EMBLEM I40 X	20.00	0.00	*27.90 FL ✓
7	1	*BOOTLID LOWER GARNISH X	20.00	0.00	*227.90 FL
8	1	*REAR BUMPER ✓	20.00	0.00	*553.00 FL
9	1	*REAR BUMPER CLIPS 10PCS ✓	20.00	0.00	*2.20 FL X10=22
10	1	*REAR BUMPER UNDER COVER ✓	20.00	0.00	*228.00 FL
11	1	*REAR BUMPER REFLECTOR LAMP RH ✓	20.00	0.00	*30.60 FL
12	1	*BOOTLID COMFORT LOGO & TEL NO. STICKER X NF	0	0.00	*30.00 FS ✓
13	1	*REAR BUMPER REVERSE SENSOR ?	0	0.00	*135.70 FS
14	1	*REAR BUMPER RUBBER MAT ✓	0	0.00	*50.00 FS

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

Sub Total (S\$)

4,167.40

- List Item Discount on L Items (S\$)

790.34

Total Parts (S\$)

3,377.06

ComfortDelGro Engineering Pte Ltd/SHC8938G/09/01/2019 14:10. Not valid without Reference section.
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Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3888588

JC NO.: 305258212

STOMER

COMFORT TRANSPORTATION PTE LTD

MS 7010045

STOMER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO.: SHC8938G

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 08.01.2019 13:00

YR OF MANU 14.04.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU087467

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.01.2019

NATURE: 3P 08.01.19/B

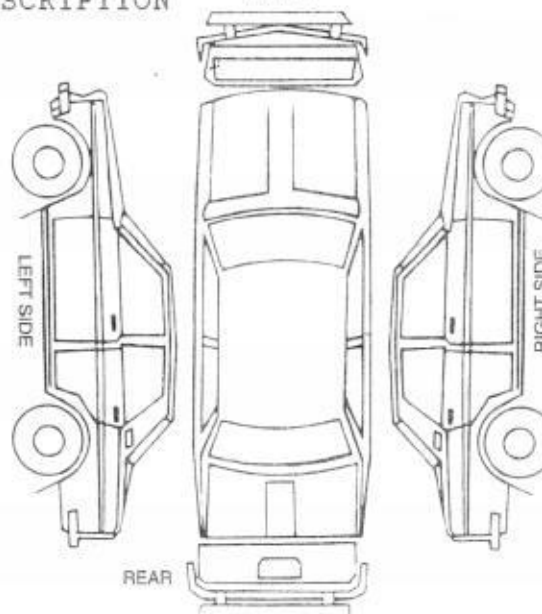
Tokio Marine

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHC8938G

FZ TOKIO

Vehicle No.:

SHC8938G

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

Benjamin 8538220-HP

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305258212
Date : 15.01.2019

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

FINALIZATION FORM

To : LKK
Attn : RASUL
Vehicle Reg No. : SHC8938G

Fax :

Date of Accident : 08.01.2019

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

1. The repair job shall bill to: TOKIO MARINE --- YP 1123S
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)		\$1,300.00
Total for Lumpsum repair cost after Less: 20%		\$1,300.00
Final Lumpsum Repair cost		\$1,300.00

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : _____
Name : _____
Date : _____

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:

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: CS/TMI19000529/R1VBN2

Date: 17/01/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ000715
Claimant Vehicle No :	SHC8938G	Insured Vehicle No :	YP1123S
Date of Loss:	08/01/2019	Nature of Claim:	TP
		Claim No:	M1900166

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8938G	Engine No:	D4DFDU609886
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU087467
Reg. Date:	14/04/2016 (Man. Year: 2016)	Odometer:	313183 km
Colour:	Blue		
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:	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:	Hankook 5 mm	Rear Left Side:	Hankook 5 mm
Front Right Side:	Hankook 5 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	3,377.06	784.48	2,592.58	76.77
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,360.00	770.00	590.00	43.38
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,747.06	1,564.48	3,182.58	67.04
Approved Total (Overridden) (S\$)		1,250.00		
(S\$)	4,747.06	1,250.00	3,497.06	73.67
+ GST 7.00/7.00% (S\$)	332.29	87.50	244.79	73.67
Nett Amount (S\$)	5,079.35	1,337.50	3,741.85	73.67

INSPECTION

Date of Assignment:	09/01/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	10/01/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: MOHD RASUL

Manager: VERON CHEN

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

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 17 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 SHC8938G)	
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	*BOOTLID	Repair	2,174.90 FL	*- FL
2	1	*BOOTLID EMBLEM H	Necessary	28.70 FL	*28.70 FL
3	1	*BOOTLID CRDI PLATE	Necessary	27.90 FL	*27.90 FL
4	1	*BOOTLID LAMP RH	Not Necessary	565.60 FL	*- FL
5	1	*BOOTLID MOULDING	Not Necessary	85.00 FL	*- FL
6	1	*BOOTLID EMBLEM I40	Necessary	27.90 FL	*27.90 FL
7	1	*BOOTLID LOWER GARNISH	Not Necessary	227.90 FL	*- FL
8	1	*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
9	1	*REAR BUMPER CLIPS 10PCS	Necessary	2.20 FL	*22.00 FL
10	1	*REAR BUMPER UNDER COVER	Deformed	228.00 FL	*228.00 FL
11	1	*REAR BUMPER REFLECTOR LAMP RH	Cracked	30.60 FL	*30.60 FL
12	1	*BOOTLID COMFORT LOGO & TEL NO. STICKER	Not Necessary	30.00 FS	*- FS
13	1	*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
14	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
				Sub Total (S\$)	4,167.40 968.10
				- List Item Discount on L Items 20.00/20.00% (S\$)	790.34 183.62
				Total Parts (S\$)	3,377.06 784.48

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	600.00	300.00
2	SPRAY PAINTING CHARGE	New	600.00	400.00
3	WIRING CHARGE	New	30.00	-
4	REMOVE / REFIX REVERSE SENSOR	New	80.00	50.00
5	TUFF KOTE	New	50.00	20.00
Gross Labour Cost (\$\$)			1,360.00	770.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >