

ASS. REC. BY:

REF: CS/TM19000805/R1/d3

02

Special Instruction:

Surveyor:

Rasu

ASSIGNMENT (Office)

Mainmen

From (Person): Hu Teng Bao & Eliza

TMF

Date/Time: 14/11/19 @ 1:57pm.

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 8281C

Insured:

SKU 2891R

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

59 Jeyang Drive

Policy No: MW006475

Claim No:

M1900241

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 11/01/2019

CA / REV / REP. / REV 24 HRS lup

H.O.D. Endorsement:

Date/Time: 2:12pm @ 14/11/19

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 8281C - CS/0W09028034/Rep1
	SKU 2891R - x
	Part by Part \$1485.36
	(Red: 918.18, 38%)

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:

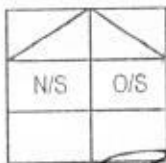
Excess:

(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

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA8281C

Yr Regn:

2016 / NAU

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

Truck / Trailer or

Make:

Hyundai T40

C.C. : 1685

Colour:

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

304784

T/Radio: Insured / Std / NI / NA

Eng/No:

Cr/No:

KMH24/UMH409707

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:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

11/01/19

D.O.I.

14/01/19

Survey held at

Consolidation

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

Rear o/s

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

Date / Time

Action / Instruction

RECEIVED 23 JAN 2019

Date/Time, File Pass to?

1) 23/1 Typist

Date/Time, File Return to?

2)

Report Format:

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

: Prel. Report

: Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

) S + PS. SI

) Photos:

) Others:

) :

TOTAL

250
10

260

1485-36

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Jan 2019 12:29 Sendback Est	14 Jan 2019 12:36 S\$2,403.54	14 Jan 2019 13:57 Assign				New Assignment Cancel Case

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CCPL, Co. Reg. No.: 199502839G		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHA8281C	Date of Loss:	11/01/2019 17:00 - :59 [25 Months and 18 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1900241	Policy/Cover Note No.:	MW006475 (Comprehensive) Coverage: 15/07/2018 - 14/07/2019
Vehicle Reg. No. (Insured):	SKU2891R	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 Ho Teng Boon Eliza]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 23/01/2019]		

ASSOCIATED MAIL RECEIVED

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

There are no mail for this case.

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?
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No results.

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	14/01/2019 09:52
Date Of Accident	11/01/2019 17:35
Exact Location Of Accident	SEBBAWANG RD TOWARDS YISHUN AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8281C
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	GOH HUAT TECK
NRIC No	S1590404F
Date Of Birth	26/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1981
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97454886
Fax Number	
Contact Number	
Email Address	GHT-1963@HOTMAIL.COM

Address	BLK 29 BALAM ROAD #19-17
Postcode	370029
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

PLS REFER TO ATTACHED

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	SKU2891R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MERIAWATI
NRIC/Passport Number	S7976895B
Contact Number	92474777
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOKIO MARINE INSURANCE SINGAPORE LTD
LEFT FRT

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.
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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

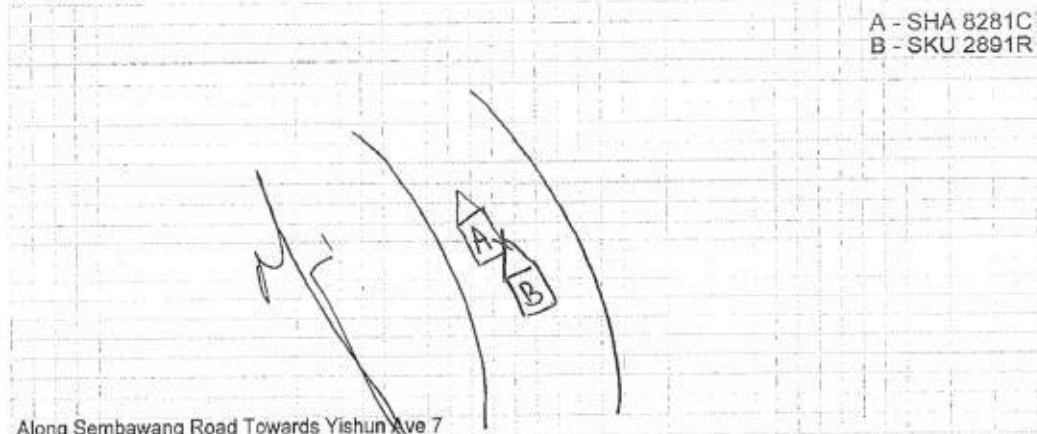
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 12 JAN 2019
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



A - SHA 8281C
B - SKU 2891R

Along Sembawang Road Towards Yishun Ave 7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11.01.2019 at about 17:35 I was travelling along Sembawang Road Towards Yishun Ave 7 with One
Male and One Female Passenger onboard .
While travelling on the slip road , I slow down and wait for chance to proceed suddenly I felt an impact from
my taxi A - Right Rear Portion .
After the accident my sustain my taxi sustain damages on the Rear Right Portion .
No injury in this accident.
I have comapany video and photos at scene to support my claims.
Veh B (SKU 2891R) - Ms Meriawati I/C :S 7976895B H/P : 9247 4777

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.01.2019
@ 13:30hrs

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 12 JAN 2019
NRIC/FIN No.:

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	11/01/2019
Vehicle Reg. No.:	SHA8281C	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	24/11/2016
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDGU693934	Chassis No:	KMHLB41UMHU097127
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	1,753.54
Miscellaneous Items	10.00
Labour	640.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,403.54
+ GST 7.00% (S\$)	168.25
Nett Amount (S\$)	2,571.79

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 14 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/SHA8281C/14/01/2019 12:36**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 <i>De</i>	20.00	0.00	*553.00 FL ✓
2	1		*REAR BUMPER UNDER COVER <i>sla</i>	20.00	0.00	*228.00 FL ✓
3	10		*REAR BUMPER CLIPS <i>na</i>	20.00	0.00	*22.00 FL ✓
4	1		*REAR BUMPER REFLECTOR RH <i>CRH</i>	20.00	0.00	*30.60 FL ✓
5	1		*REAR BUMPER STAY RH <i>? SVC</i>	20.00	0.00	*80.30 FL X
6	1		*REAR BUMPER SIDE BRKT RH <i>na</i>	20.00	0.00	*35.60 FL ✓
7	1		*REAR BUMPER MAT <i>sla</i>	0.00	0.00	*50.00 F ✓
8	1		*REVERSE SENSOR <i>X SVC</i>	0.00	0.00	*135.70 F X
9	2		*REAR FENDER ADV.STICKER RH/LH <i>na</i>	0.00	0.00	*200.00 F ✓
10	1		*REAR BUMPER ADV.STICKER <i>na</i>	0.00	0.00	*50.00 F ✓
11	1		*TAILLAMP RH <i>? SVC</i>	20.00	0.00	*697.80 FL X

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

2,083.00

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

329.46

Total Parts (S\$)

1,753.54

ComfortDelGro Engineering Pte Ltd/SHA8281C/14/01/2019 12:36. 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	200 240.00
2	SPRAY PAINTING	New	200 240.00
3	R/I REVERSE SENSOR	New	60 120.00
4	CHECK LIGHTING	New	20 40.00
Gross Labour Cost (S\$)			640.00

ComfortDelGro Engineering Pte Ltd/SHA8281C/14/01/2019 12:36. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

Rasul
Hp 90020068
3 days
P/P
14/01/19 @ 1355
Resurvey before paint

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 16.01.2019
Time: 17:43:33
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305259712
REGN NO : SHA8281C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 24.11.2016
DATE/TIME IN : 11.01.2019 22:15
ACCIDENT DATE : 11.01.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60
0004 04-01-0103-0852-G	REAR BUMPER REFLECTOR RH	1	30.60	20.00	24.48
0005 04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	35.60	20.00	28.48
0006 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00

SUB-TOTAL : 745.36

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 L	R/I REVERSE SENSOR	60.00
0004 20-05	TP MERIMEN	10.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.01.2019

Time: 17:43:33

REPAIR ESTIMATE

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305259712
REGN NO : SHA8281C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 24.11.2016
DATE/TIME IN : 11.01.2019 22:15
ACCIDENT DATE : 11.01.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0005 20-05 Rear Fender Adv.Sticker RH/LH 200.00

0006 20-05 Rear Bumper Adv.Sticker 50.00

SUB-TOTAL : 740.00

TOTAL : 1,485.36

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

OMFORDDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline - 65 6363 6680 Facsimile - 65 6260 9755

Workshops

59 Loyang Drive Singapore 506989

363 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

329 Ubi Road 3 Singapore 400369

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 729791

501 Yishun Industrial Park A Singapore 768730

Date/Time: 14.01.2019 11:05 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305259712

OMER S. CITYCAB PTE LTD OMER NO. 7010070 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P) JUNT CARD NO.	REGN NO.: SHA8281C MAKE: HYUNDAI MODEL I-40 YR OF MANU 24.11.2016 CHASSIS CODE KMHLB41UMHU097127	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 11.01.2019 22:15 TARGET DATE COMPLETION DATE/TIME:
--	--	--

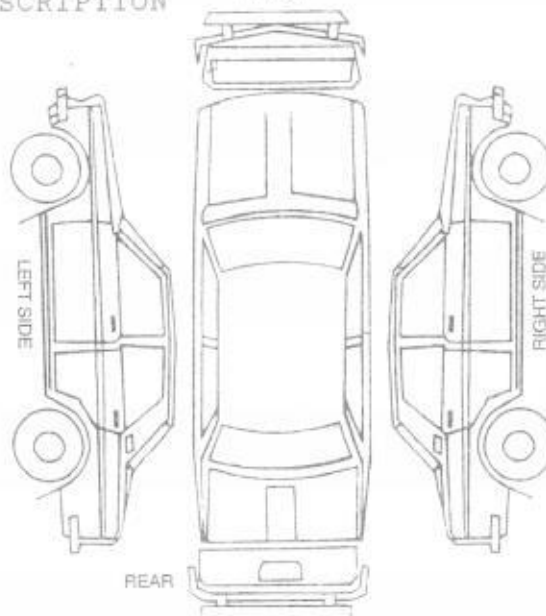
JOB DESCRIPTION

Accident Date: 11.01.2019
NATURE: 3P 11.01.19

S/NO LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: SHA8281C LIMITS

Vehicle No.: SHA8281C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO
ENGINEERING

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

Our Job Ref No : 305259712
Date : 17/01/19


FINALIZATION FORM

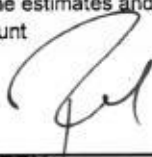
To : LKK Fax :
Attn : RASUL
Vehicle Reg No. : SHA8281C Date of Accident : 11-Jan-19

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

1. The repair job shall bill to: TOKIO MARINE -- SKU2891R
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$745.36
 - (b) Labour Charges \$740.00
 - Total for Part-By-Part Repair Cost \$1,485.36
 - (c) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20%
 - 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.

We confirm the estimates and
finalized amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : RASUL
Date : 17/01/18

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:

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/TM19000805/R1TD3N2

Date: 24/01/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MW006475
Claimant Vehicle No :	SHA8281C	Insured Vehicle No :	SKU2891R
Date of Loss:	11/01/2019	Nature of Claim:	TP
		Claim No:	M1900241

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA8281C	Engine No:	D4FDGU693934
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMHU097127
Reg. Date:	24/11/2016 (Man. Year: 2016)	Odometer:	304784 km
Colour:	Yellow		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	Good

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	1,753.54	995.36	758.18	43.24
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	640.00	480.00	160.00	25.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	2,403.54	1,485.36	918.18	38.20
+ GST 7.00/7.00% (\$\$)	168.25	103.98	64.27	38.20
Nett Amount (\$\$)	2,571.79	1,589.34	982.45	38.20

INSPECTION

Date of Assignment:	14/01/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	14/01/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: MOHD RASUL

Manager: DENISE TAY KWEE CHENG

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: 24 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 SHA8281C)	
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	Deformed	553.00 FL	*553.00 FL
2	1		*REAR BUMPER UNDER COVER	Scratched	228.00 FL	*228.00 FL
3	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
4	1		*REAR BUMPER REFLECTOR RH	Cracked	30.60 FL	*30.60 FL
5	1		*REAR BUMPER STAY RH	Serviceable	80.30 FL	*- FL
6	1		*REAR BUMPER SIDE BRKT RH	Necessary	35.60 FL	*35.60 FL
7	1		*REAR BUMPER MAT	Scratched	50.00 F	*50.00 F
8	1		*REVERSE SENSOR	Serviceable	135.70 F	*- F
9	2		*REAR FENDER ADV.STICKER RH/LH	Necessary	200.00 F	*200.00 F
10	1		*REAR BUMPER ADV.STICKER	Necessary	50.00 F	*50.00 F
11	1		*TAILLAMP RH	Serviceable	697.80 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,083.00	1,169.20
- List Item Discount on L Items 20.00/20.00% (S\$)	329.46	173.84
Total Parts (S\$)	1,753.54	995.36

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 (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	240.00	200.00
2	SPRAY PAINTING	New	240.00	200.00
3	R/I REVERSE SENSOR	New	120.00	60.00
4	CHECK LIGHTING	New	40.00	20.00
Gross Labour Cost (S\$)			640.00	480.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >