

Surveyor: NA2 REF: CC3/TML19000963/Ngd3ez SC

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: SLK 65845
 Policy No. MU001069
 Claims No. M1900315
 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
 CIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 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: SHC 276K Yr Regn: 30 JAN 2019
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI SONATA c.c. 1991
 Colour: YELLOW A/C: Insured / Std / NI / NA
 Sp. Reading: 726,043 T/Radip: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHET41VMCA831409

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 215/60 R16
 R: 11

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>15/1/19</u>	D.O.I. <u>15/1/19</u>

Survey held at EDGE WAYANG

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
	SHC 276K - NS/INC1801070/Klgbn2 DPA: 19062018 TML L/S
	SLK 65845 - X
17/1/19	FINALIZED PART BY PART REPAIR \$460.00 / 2 DAYS (Ref B 1093.04, 70%) no lump sum
	RECEIVED 22 JAN 2019
	<u>21/1/2019</u>

Date/Time, File Pass to?

☐ : Prelim Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$ 460)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:
 Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS. \$1
☐ : Interview (\$ _____) Photos
☐ : Tech. Invo (\$ _____) Others
☐ : Weekend (\$ _____)

TOTAL

250
10
460

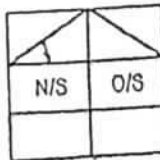
Surveyor: NAZ REF: CC3/TML19000963/Ng43er SC

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: SLK 6584S
 Policy No. MU001069
 Claims No. M1900315
 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 Report: _____ Consistent?: Yes or No
 GLA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 2 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: SHC 276K Yr Regn: 30 JAN 2019
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI SONATA C.G. 1991
 Colour: YELLOW A/C: Insured / Std / NI / NA
 Sp. Reading: 726,043 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHET41VMCA831409
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKE
 Front: 5 mm Rear: 5 mm
 R/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 15/1/19 U.O.I. 18/1/19
 Survey held at EDGE WYANG
 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
	SHC 276K - NS/INC18011270/Kigba2
	SLK 6584S - X
17/1/19	FINALIZED PART BY PART REPAIR @ 460.00 / 2 DAYS
	CRD @ 1093.04, 70%
	no lump sum
	RECEIVED 22 JAN 2019
	21/1/2019

Date/Time, File Pass to? ☐ : Prelim Report
☐ : Final Report
 Date/Time, File Return to? _____

Report Format: NER-TP
 Lump Sum / I.B.I.: (\$ 460)

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS \$1
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invo (\$ _____) ☐ : Others
☐ : Weekend (\$ _____)
 TOTAL 460

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	15/01/2019 12:01
Date Of Accident	15/01/2019 08:10
Exact Location Of Accident	YIO CHU KANG RD TOWARDS UPPER THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC276K
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	SONATA
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	CHUA HOCK SENG
NRIC No	S0707867F
Date Of Birth	12/04/1945
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1972
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83553661
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 171 ANG MO KIO AVENUE 4 #08-513
Postcode	560171
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	SLK6584S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode,

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOKIO MARINE INSURANCE SINGAPORE LTD

FRT

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

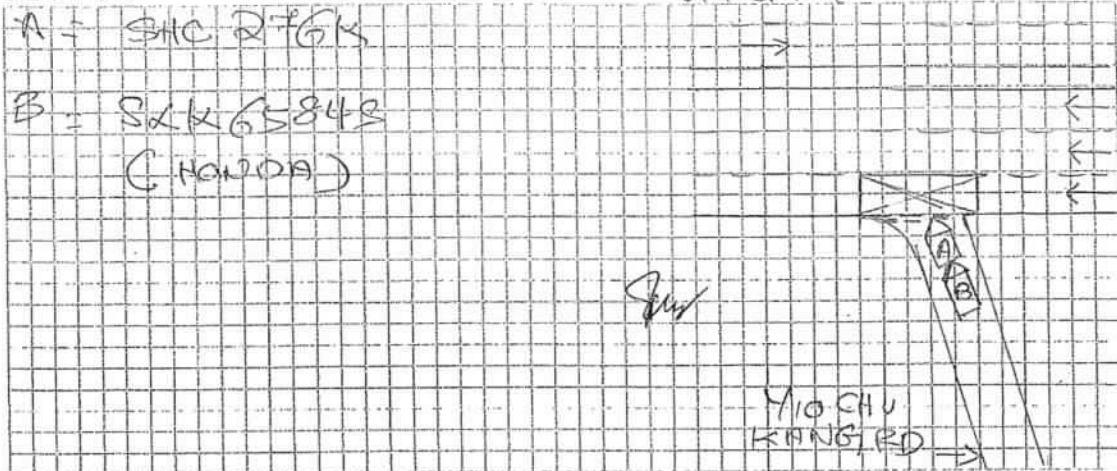
Policyholder's Signature
Date & Time:

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

Olivia Wendy
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 15 JAN 2019

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

statements as per attached

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Olivia Wendy
Reporting Centre Personnel's Signature
Name: 15 JAN 2019
NRIC/FIN No.:

CONTACTS: 6545 1111

Describe Circumstances of the Accident.

On the 15/01/2019 at about 08:10hrs, I was driving along Yio Chu Kang Rd towards Upper Thomson Rd direction.

As I approached the stop line, I stop my taxi to checked in coming vehicle from my right side.

Suddenly a few seconds later a vehicle SLK6584S came from behind collided onto my rear portion of my taxi.

01 male & 01 female passenger on board my taxi. No injury at the point of the accident.

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature/Date &
Time

Illegible signature

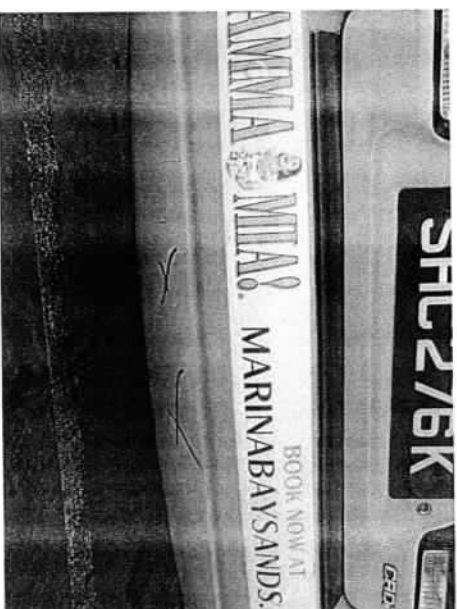
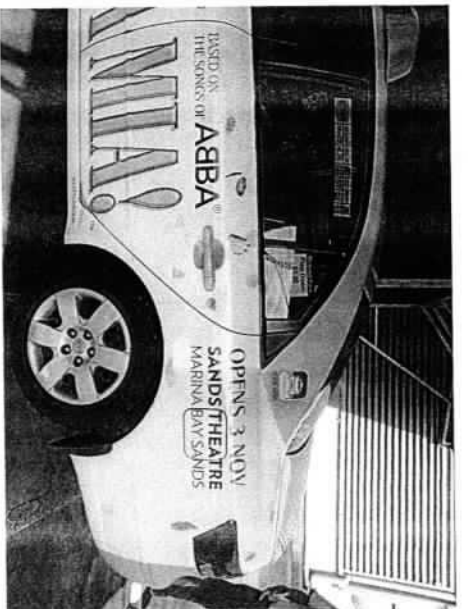
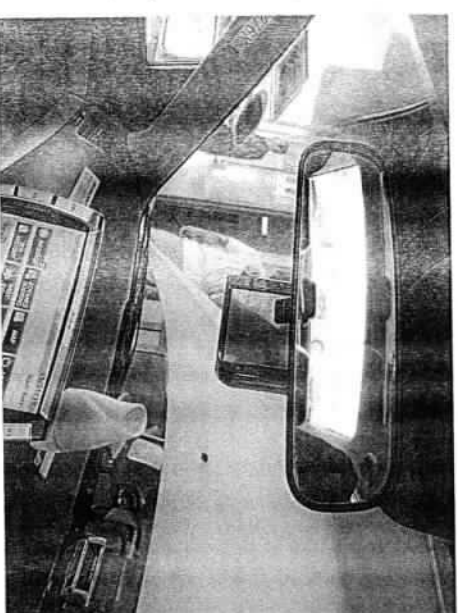
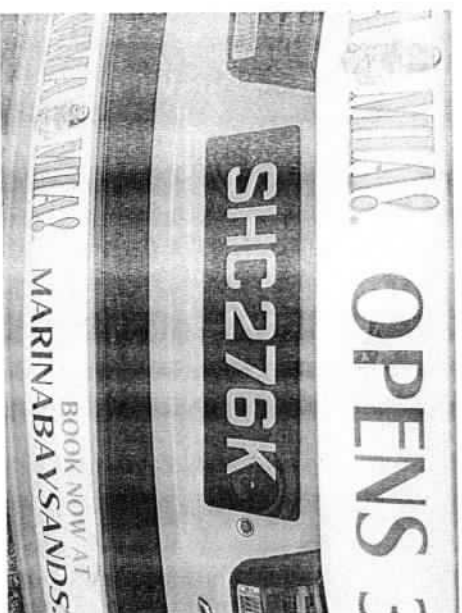
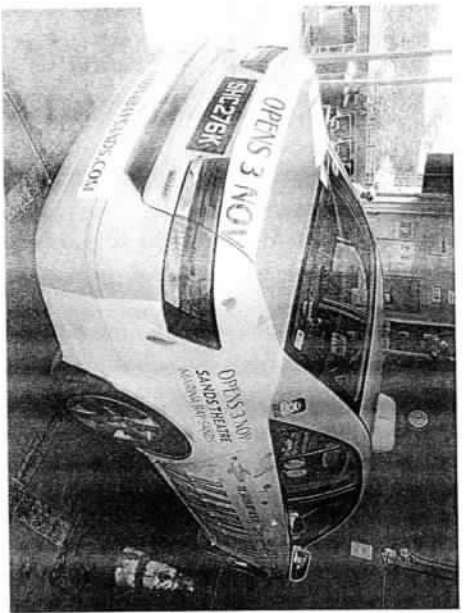
Driver's Signature (If driver is not the policyholder)/Date
& Time

Olivia Wendy

ly *Wm*

Witnessed by Reporting
Centre Personnel

15 JAN 2019

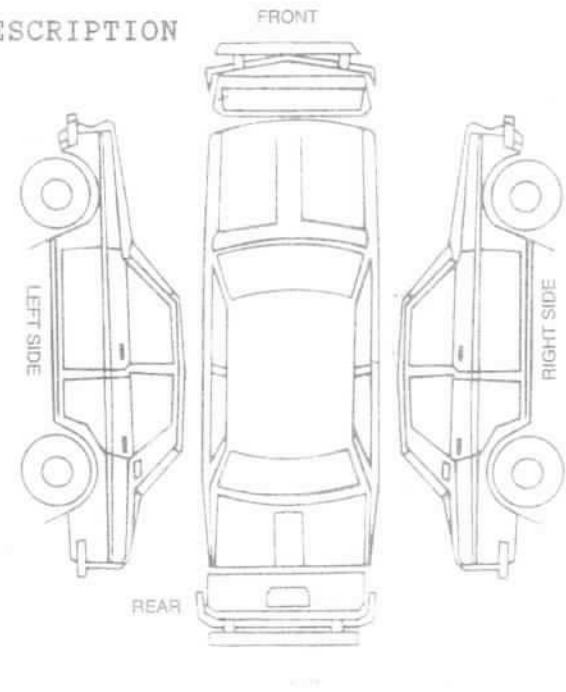




Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305260066
STOMER	REGN NO.: SHC 276K	MILEAGE	
MS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL	
STOMER NO. 7010070	MODEL SONATA	E.....1/2.....F	
DRESS 383 SIN MING DRIVE	YR OF MANU 30.01.2013	DATE/TIME IN 15.01.2019 10:30	
Singapore SINGAPORE 575717	CHASSIS CODE KMHET41VMCA831409	TARGET DATE	
65551188 (R) (O)		COMPLETION DATE/TIME	
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 15.01.2019
NATURE: 3P 15.01.2019

S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHC 276K CHIANG	Vehicle No.: SHC 276K
Signature/Date	Name of Service Advisor 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)
CCPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	15/01/2019
Vehicle Reg. No.:	SHC276K	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	30/01/2013
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4EAC199404	Chassis No:	KMHET41VMCA831409
Odometer:	726043 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	753.04
Miscellaneous Items	10.00
Labour	790.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	1,553.04
+ GST 7.00% (\$\$)	108.71
Nett Amount (\$\$)	1,661.75

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: 15 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/SHC276K/15/01/2019 15:16**

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	20.00	0.00	*578.40 FL
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER UNDER COVER	20.00	0.00	*40.90 FL
4	1		*REAR BUMPER MAT	20.00	0.00	*50.00 FL
5	1		*REAR FENDER ADVERTISEMENT STICKER	20.00	0.00	*50.00 FL
6	1		*REAR BUMPER ADVERTISEMENT STICKER	20.00	0.00	*200.00 FL
Sub Total (S\$)						941.30
- List Item Discount on L Items (S\$)						188.26
Total Parts (S\$)						753.04

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHC276K/15/01/2019 15:16. 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
2	SPRAY PAINTING	New	300.00
3	WIRING	New	30.00
4	REMOVE/REFIX REVERSE SENSOR	New	60.00
Gross Labour Cost (S\$)			790.00

ComfortDelGro Engineering Pte Ltd/SHC276K/15/01/2019 15:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

[Signature]
17/1/19

NA2 LKK

15/1/19 1615

L/S

2 DAY

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
- Resurvey location(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Our Job Ref No : 305260066
Date : 16/01/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : NAZ
Vehicle Reg No. : SHC276K

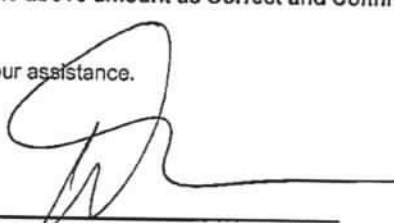
Fax :


15/01/2019

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

1. The repair job shall bill to: TOKIO SLK6584S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges \$460.00
 - Total for Part-By-Part Repair Cost \$460.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 17/1/19

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: 17.01.2019

REPAIR ESTIMATE

Time: 08:47:42

Page: 1

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

JOB NO : 305260066
REGN NO : SHC 276K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 30.01.2013
DATE/TIME IN : 15.01.2019 10:30
ACCIDENT DATE : 15.01.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT


PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	MERIMEN FEE	10.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0003 17-01	CHECK ALL LIGHTING	30.00
0004 20-00	TUFF COAT ON AFFECTED PARTS. REMOVE/REFIT REVERSE SENSOR	20.00
SUB-TOTAL :		460.00
TOTAL :		460.00

MVA NAME & SIGNATURE
DATE :


SURVEYOR NAME & SIGNATURE
DATE : 17/1/19

AUTHORISED : YES / NO

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	15 Jan 2019 Sendback Est	15 Jan 2019 15:16 \$1,553.04	16 Jan 2019 15:01 Edit Adj Rpt	\$460.00 Edit Estimates	\$460.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	TAN PUAY WEI , ID: S8120178A								
Main Claimant:	CITYCAB PTE LTD , Co. Reg. No.: 199502839G								
Vehicle Reg. No.:	SHC276K	Date of Loss:	15/01/2019 08:00 - :59 [71 Months and 16 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1900315	Policy/Cover Note No.:	MU001069 Coverage: 23/01/2017 - 22/01/2019						
Vehicle Reg. No. (Insured):	SLK6584S	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 Ng Kwai Kay Francis]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 25/01/2019]								
Driver/Custodian (Insured):	TAN PUAY WEI (59 / Male), NRIC: S8120178A								
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?
No results.									

Claim Documents

SHC276K (M1900315)
[SLK6584S]
TP
CITYCAB PTE LTD
Jan 15 2019 8:00AM
[TAN PUAY WEI]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View <input type="button" value="View in Browser"/>		
Assessment Reports									1 per page <input type="button" value="1 per page"/>		
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)			Thumbnail	Print					
1	15/01/19 15:16	Repairer Estimates				Load HTM					
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)			Thumbnail	Print					
1	15/01/19 18:59	Accident Statement From:SC - Reg. No: SLK6584S, Claimant: TAN PUAY WEI				Load HTM					
Photos/Images									3 per page <input type="button" value="3 per page"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)			Thumbnail	Print					
1	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
2	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
3	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
4	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
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6	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
7	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
8	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
9	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
10	21/01/19 15:16	General View				Load JPG		<input checked="" type="checkbox"/>			
11	21/01/19 15:16	Odometer Reading				Load JPG		<input checked="" type="checkbox"/>			
12	21/01/19 15:16	Chassis Number				Load JPG		<input checked="" type="checkbox"/>			
13	21/01/19 15:16	Reinspection Photo				Load JPG		<input checked="" type="checkbox"/>			
14	21/01/19 15:16	Reinspection Photo				Load JPG		<input checked="" type="checkbox"/>			
15	21/01/19 15:16	Reinspection Photo				Load JPG		<input checked="" type="checkbox"/>			
Documentation									1 per page <input type="button" value="1 per page"/>		
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)			Thumbnail	Print					
1	15/01/19 15:17	E-filed GIA report				Load PDF					
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)			Thumbnail	Print					
1	15/01/19 17:32	ACK LTR-TP STATEMENT				Load PDF					
2	15/01/19 19:00	TP - SHC276K - Singapore Accident Statement				Load PDF					

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				

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/TMI19000963/NQD3E2

Date: 22/01/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MU001069

Claimant Vehicle No : SHC276K

Insured Vehicle No : SLK6584S

Date of Loss: 15/01/2019

Nature of Claim: TP

Claim No: M1900315

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC276K

Make & Model: HYUNDAI SONATA, 2.0 (A)

Engine No: D4EA9807954

Reg. Date: 30/01/2013 (Man. Year: 2012)

Chassis No: KMHET41VMCA831409

Colour: Yellow

Odometer: 726043 km

Engine Capacity: 1991 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:	Good

CONDITION OF TYRES

Front Tyre Size:	215/60 R16	Rear Tyre Size:	215/60 R16
Front Left Side:	West Lake 5 mm	Rear Left Side:	West Lake 5 mm
Front Right Side:	West Lake 5 mm	Rear Right Side:	West Lake 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	753.04	0.00	753.04	100.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	790.00	450.00	340.00	43.04
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,553.04	460.00	1,093.04	70.38
+ GST 7.00/7.00% (S\$)	108.71	32.20	76.51	70.38
Nett Amount (S\$)	1,661.75	492.20	1,169.55	70.38

INSPECTION

Date of Assignment:	16/01/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	15/01/2019	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 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 SONATA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC276K)
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	Repair	578.40 FL	*- FL
2	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
3	1		*REAR BUMPER UNDER COVER	Serviceable	40.90 FL	*- FL
4	1		*REAR BUMPER MAT	Not Necessary	50.00 FL	*- FL
5	1		*REAR FENDER ADVERTISEMENT STICKER	Not Necessary	50.00 FL	*- FL
6	1		*REAR BUMPER ADVERTISEMENT STICKER	Not Necessary	200.00 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	941.30	0.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	188.26	0.00
Total Parts (\$\$)	753.04	0.00

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	400.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
3	WIRING	New	30.00	30.00
4	REMOVE/REFIX REVERSE SENSOR	New	60.00	20.00
Gross Labour Cost (S\$)			790.00	450.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >