

22/03/2002

ASS. REC. BY:

REF:

08/MI19001684/Nvd322

Special Instruction:

Surveyor: NAZ

ASSIGNMENT (Office)

Mennen

From (Person): Piora Gan

of

TMT

Date/Time: 25/1/19 @ 12.09pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 3088C

Insured:

84H 6068G

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

Sg Ioyang Drive

Policy No:

MV010624

Claim No:

M1900522

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 24/01/2019

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time:

2:18pm @ 25/1/19

Person Contacted:

Mr. Jim

Vehicle: ☒ IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHA 3088C - NS/INC16019479/H1/vbn2

D.O.A.: 13/10/2016

84H 6068G - X

Surveyor: NAZ REF: TMI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 CIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S.H.A 3058C Yr Regn: 3 SFP / 2019
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 c.c. 165
 Colour: BLUE A/C: Insur. d / Std / NI / NA
 Sp. Reading: 578, 707 T/Radi: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM4LB4JUMGV077259
 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 Siz: F: 205 / 60 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKE
 Front: _____ Rear: _____
 F/Bal. 5 mm R/Bal. 5 mm
 U/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 24/1/19 U.O.I. 25/1/19
 Survey held at CDGE LOYANG
 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
<u>30/1/19</u>	<u>FINALIZED. LUMP SUM REPAIR \$1150.00 / 4 DAYS</u> <u>(Red 4955-30, 819)</u>

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

1) Date/Time, File Return to?

2) 3/1- typist

Report Format: mpimen
 Lump Sum / I.B.I: (\$) 1150/2

Days Of Repair: 4
 Resurvey No. of Trip: 1

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

Survey Fee: 290
 Transportation: _____
 TOTAL 260

RECEIVED 31 JAN 2019

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Jan 2019 Sendback Est	25 Jan 2019 11:22 S\$6,105.30	25 Jan 2019 12:09 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	AUTOMOBIL LEASING PTE LTD , Co. Reg. No.: 200701438D								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHA3088C	Date of Loss:	24/01/2019 15:00 - :59 [40 Months and 21 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1900522	Policy/Cover Note No.:	MV010624 (Comprehensive) Coverage: 11/11/2018 - 10/11/2019						
Vehicle Reg. No. (Insured):	SLH6068G	Policy No. (Claimant):							
		Excess:	S\$800.00						
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]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/02/2019]								
Driver/Custodian (Insured):	LESLIE LOO (59)								
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 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.									

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	25/01/2019 08:29
Date Of Accident	24/01/2019 15:25
Exact Location Of Accident	GEYLANG RD TWDS PAYA LEBAR.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3088C
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	PHANG WEE KHIANG DENNIS
NRIC No	S1738357D
Date Of Birth	18/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97102577
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 515 WOODLANDS DRIVE 14 #05-143
Postcode	730515
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER 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	SLH6068G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LESLIE LOO
NRIC/Passport Number	
Contact Number	97627558
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PHANG WEE KHIANG DENNIS
Approximate Age	
Injuries Sustain	CHEST AND NECK
Injured person in which vehicle?	SHA3088C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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. 139303821R

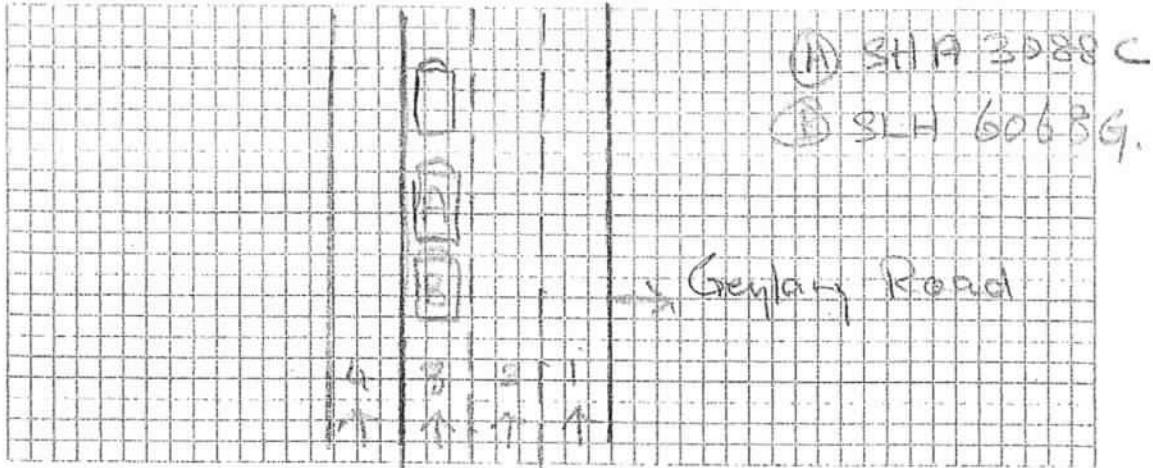
Policyholder's Signature
Date & Time:

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

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

24/1/19.
Jackson HERN
CBJ

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/01/2019 at about 1525 hrs, I vehicle A was driving my taxi along geylang road. (Near Onan road. As a vehicle in front of me slow down, I also slow down too before coming to stop. Vehicle B came from my rear bang onto back of my taxi.

DECLARATION

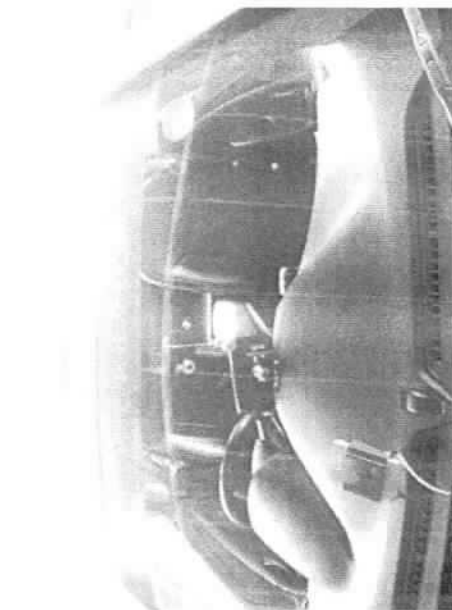
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199002821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

24/1/19
Jackson Henry
CSO
Reporting Centre Personnel's Signature
Name:



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305263313

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

UNT CARD NO.

REGN NO.: SHA3088C	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 24.01.2019 16:05
YR OF MANU 03.09.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU077259	COMPLETION DATE/TIME

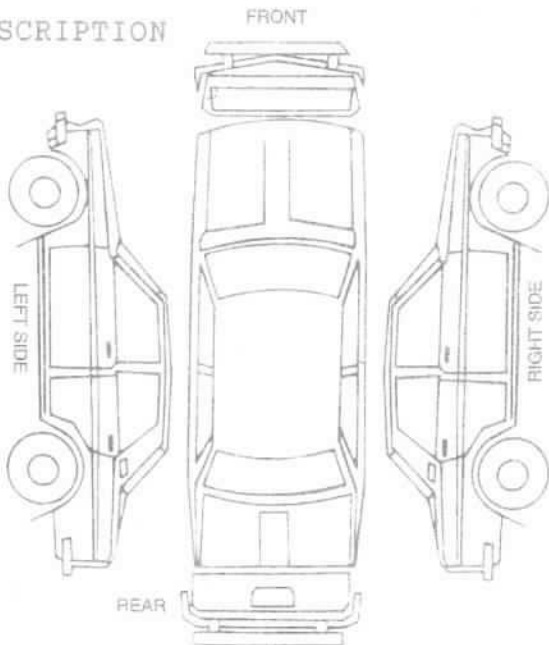
JOB DESCRIPTION

Accident Date: 24.01.2019

NATURE: 3P 24.01.19

S/NO LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

o.: SHA3088C LIMITS

Vehicle No.: SHA3088C

Service Advisor

Signature/Date

Name of Service Advisor

Date

med 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:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

(45)

Singapore

LKK -

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	24/01/2019
Vehicle Reg. No.:	SHA3088C	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	03/09/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU539649	Chassis No:	KMHLB41UMGU077259
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	6		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	4,225.30
Miscellaneous Items	10.00
Labour	1,870.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,105.30
+ GST 7.00% (S\$)	427.37
Nett Amount (S\$)	6,532.67

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: 25 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/SHA3088C/25/01/2019 11:22

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	20.00	0.00	*2,174.90 FL X R
2	1		*BOOTLID UPR LOCK	20.00	0.00	*102.60 FL X SUL
3	1		*BOOTLID LWR LOCK	20.00	0.00	*31.70 FL X SUL
4	1		*BOOTLID EMBLEM - H	20.00	0.00	*28.70 FL / NE
5	1		*BOOTLID EMBLEM - CRDI	20.00	0.00	*27.90 FL / NE
6	1		*BOOTLID EMBLEM - I40	20.00	0.00	*27.90 FL / NE
7	1		*BOOTLID TRIMBOARD	20.00	0.00	*116.40 FL X SUL
8	11		*BOOTLID TRIMBOARD CLIPS	20.00	0.00	*11.00 FL X NN
9	1		*BOOTLID MOULDING	20.00	0.00	*85.00 FL X SUL
10	1		*BOOTLID LOWER GARNISH	20.00	0.00	*227.90 FL X SUL
11	1		*REAR BUMPER	20.00	0.00	*553.00 FL / CR
12	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*428.40 FL X SUL
13	2		*REAR BUMPER REINFORCEMENT BRKT RH/LH	20.00	0.00	*160.60 FL X SUL
14	2		*REAR BUMPER SIDE BRKT RH/LH	20.00	0.00	*71.20 FL X SUL
15	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL / NE
16	1		*REAR BUMPER SPONGE	20.00	0.00	*103.50 FL X NN
17	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL X SUL
18	1		*REAR END PANEL	20.00	0.00	*526.70 FL X SUL
19	1		*REAR END PANEL GARNISH	20.00	0.00	*57.70 FL X SUL
20	1		*REAR END LOWER PANEL	20.00	0.00	*89.40 FL X SUL
21	1		*BOOTLID COMFORTDELGRO	0.00	0.00	*20.00 F / NE
22	1		*BOOTLID 65521111	0.00	0.00	*10.00 F / NE
23	1		*REVERSE SENSOR	0.00	0.00	*135.70 F X SUL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	5,240.20
- List Item Discount on L Items (S\$)	1,014.90
Total Parts (S\$)	4,225.30

ComfortDelGro Engineering Pte Ltd/SHA3088C/25/01/2019 11:22. 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	800.00
2	SPRAY PAINTING	New	800.00
3	WIRING CHECK	New	50.00
4	TUFF KOTE	New	100.00
5	R/I REVERSE SENSOR	New	120.00
Gross Labour Cost (S\$)			1,870.00

ComfortDelGro Engineering Pte Ltd/SHA3088C/25/01/2019 11:22. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

NA2 LKK
25/1/19 1430
L/S
4 DAYS
CHECK ITEMS PHOTOS
AFTER REPAIR PHOTOS

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:

1453 60

11 66 20

11 50

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305263313

Date : 29/01/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHA3088C

Date of Accident : 24-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 --- SLH6068G
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1,150.00
Final Lumpsum Repair cost \$1,150.00
3. Estimated normal period for repairs: 4 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 : NAZ

Date : 30/1/19

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Veron Chen (LKKAUTO)

From: Naz (LKKAUTO)
Sent: Wednesday, 30 January 2019 12:04 PM
To: Lim Tien Siong
Cc: Veron Chen (LKKAUTO); SUR
Subject: Re: SHA 3088C Finalization
Attachments: FINALIZED.pdf

Dear Mr Lim,

Finalized Lump Sum Repair \$1,150 / 4 Days.

Thank you.

Best Regards,

Naz | Technical Investigator

LKK Auto Consultants

Phone: 6841-2157 | Email: Naz@lkkauto.com | Fax: 6256-4315

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

From: Lim Tien Siong <limts@cdge.com.sg>
Sent: Tuesday, 29 January 2019 3:51 PM
To: Naz (LKKAUTO)
Subject: SHA3088C - Finalize

Hi Naz,

Finalize at LS \$ 1,150.00 and 04 repair days.

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	25 Jan 2019 Sendback Est	25 Jan 2019 11:22 \$6,105.30	25 Jan 2019 12:09 Edit Adj Rpt	\$1,150.00 Edit Estimates	\$1,150.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	AUTOMOBIL LEASING PTE LTD , Co. Reg. No.: 200701438D								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHA3088C	Date of Loss:	24/01/2019 15:00 - :59 [40 Months and 21 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1900522	Policy/Cover Note No.:	MV010624 (Comprehensive) Coverage: 11/11/2018 - 10/11/2019						
Vehicle Reg. No. (Insured):	SLH6068G	Policy No. (Claimant):							
		Excess:	\$800.00						
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]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 07/02/2019]								
Driver/Custodian (Insured):	LESLIE LOO (59)								
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 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

SHA3088C (M1900522)
[SLH6068G]
TP
CTPL
Jan 24 2019 3:00PM
[AUTOMOBIL LEASING PTE LTD]
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 checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)			Thumbnail	Print	
1	25/01/19 11:22	Repairer Estimates			Load HTM		
Photos/Images						3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)			Thumbnail	Print	
1	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
2	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
3	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
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12	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
13	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
14	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
15	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
16	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
17	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
18	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
19	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
20	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
21	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
22	28/01/19 09:41	General View			Load JPG	<input checked="" type="checkbox"/>	
23	30/01/19 12:05	Photo After Spray			Load JPG	<input checked="" type="checkbox"/>	
24	30/01/19 12:05	Photo After Spray			Load JPG	<input checked="" type="checkbox"/>	
25	30/01/19 12:05	Photo After Spray			Load JPG	<input checked="" type="checkbox"/>	
Documentation						1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)			Thumbnail	Print	
1	25/01/19 11:23	E-filed GIA report			Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	<input type="button" value="Reset"/>	<input type="button" value="Save"/>	<input type="button" value="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: CS/TMI19001684/NVD3E2

Date: 31/01/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MV010624

Claimant Vehicle
No : SHA3088C

Insured Vehicle No : SLH6068G

Date of Loss: 24/01/2019

Nature of Claim: TP

Claim No: M1900522

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA3088C

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

Engine No: D4FDFU539649

Reg. Date: 03/09/2015 (Man. Year: 2015)

Chassis No: KMHLB41UMGU077259

Colour: Blue

Odometer: 578707 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:	Good

CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 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	4,225.30	557.60	3,667.70	86.80
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,870.00	900.00	970.00	51.87
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,105.30	1,467.60	4,637.70	75.96
Approved Total (Overridden) (S\$)		1,150.00		
(S\$)	6,105.30	1,150.00	4,955.30	81.16
+ GST 7.00/7.00% (S\$)	427.37	80.50	346.87	81.16
Nett Amount (S\$)	6,532.67	1,230.50	5,302.17	81.16

INSPECTION

Date of Assignment: 25/01/2019 Present Location:

ComfortDelGro Engineering Pte Ltd
(Loyang)

Date Inspected: 25/01/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd
(Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 4.0 days

Adjuster: Muhammad Nazril Bin Abdullah**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: 31 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 SHA3088C)	
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 UPR LOCK	Serviceable	102.60 FL	*- FL
3	1		*BOOTLID LWR LOCK	Serviceable	31.70 FL	*- FL
4	1		*BOOTLID EMBLEM - H	Necessary	28.70 FL	*28.70 FL
5	1		*BOOTLID EMBLEM - CRDI	Necessary	27.90 FL	*27.90 FL
6	1		*BOOTLID EMBLEM - I40	Necessary	27.90 FL	*27.90 FL
7	1		*BOOTLID TRIMBOARD	Serviceable	116.40 FL	*- FL
8	11		*BOOTLID TRIMBOARD CLIPS	Not Necessary	11.00 FL	*- FL
9	1		*BOOTLID MOULDING	Serviceable	85.00 FL	*- FL
10	1		*BOOTLID LOWER GARNISH	Serviceable	227.90 FL	*- FL
11	1		*REAR BUMPER	Cracked	553.00 FL	*553.00 FL
12	1		*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
13	2		*REAR BUMPER REINFORCEMENT BRKT RH/LH	Serviceable	160.60 FL	*- FL
14	2		*REAR BUMPER SIDE BRKT RH/LH	Serviceable	71.20 FL	*- FL
15	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
16	1		*REAR BUMPER SPONGE	Not Necessary	103.50 FL	*- FL
17	1		*REAR BUMPER UNDER COVER	Serviceable	228.00 FL	*- FL
18	1		*REAR END PANEL	Serviceable	526.70 FL	*- FL
19	1		*REAR END PANEL GARNISH	Serviceable	57.70 FL	*- FL
20	1		*REAR END LOWER PANEL	Serviceable	89.40 FL	*- FL
21	1		*BOOTLID COMFORTDELGRO	Necessary	20.00 F	*20.00 F
22	1		*BOOTLID 65521111	Necessary	10.00 F	*10.00 F
23	1		*REVERSE SENSOR	Serviceable	135.70 F	*- F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$) **5,240.20** **689.50**
- List Item Discount on L Items 20.00/20.00% (\$\$) **1,014.90** **131.90**

Total Parts (\$\$) **4,225.30** **557.60**

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	800.00	400.00
2	SPRAY PAINTING	New	800.00	400.00
3	WIRING CHECK	New	50.00	30.00
4	TUFF KOTE	New	100.00	50.00
5	R/I REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (S\$)			1,870.00	900.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >