

22/03/2002

ASS. REC. BY:

REF: CS / TM119001780 / Ntd302

Special Instruction:

Surveyor:

Maimin

ASSIGNMENT (Office)

From (Person): Roland Heng

of

TME

Date/Time: 28012019 1217pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 6317E

Insured:

SMF 1726Y

at Workshop m/s

Comfort Delgro

Tel:

of

54 Loyang Dme

Policy No:

MJ0001357

Claim No:

M1400562

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 28012019

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SH 6317E - CS / FEL17020108 / Abbed

DUA: 141017

SMF 1726Y - X

REF: TMI JMAR 1

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
X	X

Bol. or Market Value: _____
 IUAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: 54637E Yr Regn: 31 DEC 2014
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 C.C. 1.685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 654,806 T/Radi: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM11CB41UMF1061536
 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: 2.5-160R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKES
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 5 mm
 U/Bal. 6 mm U/Bal. 5 mm
 D.O.A. 2/1/19 D.O.I. 28/1/19
 Survey held at CDGE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

21/2/19 FINALIZED LUMP SUM REPAIR \$1,700.00 / 3 days
 (Ref: 4740-1017328)
 RECEIVED 22 FEB 2019

Date/Time, File Pass to?

☐ : Prelim Report
☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$1700)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

260
 10
 260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	28 Jan 2019 11:18 Sendback Est	28 Jan 2019 11:28 S\$6,470.10	28 Jan 2019 12:17 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	LUMENS AUTO PTE. LTD., Co. Reg. No.: 201426961K		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH6317E	Date of Loss:	25/01/2019 18:00 - :59 [48 Months and 25 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1900562	Policy/Cover Note No.:	MJ001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019
Vehicle Reg. No. (Insured):	SMF1726Y	Policy No. (Claimant):	
		Excess:	S\$2,000.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Roland Heng Cheng Liang - 6592 6400]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 08/02/2019]		

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?
No results.									



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>25/01/19</u> Time Received: <u>1700</u>		3. Vehicle Type: <input type="checkbox"/> Private <input type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mrs Sahainy</u> Contact No. : <u>96589812</u> Vehicle No. : <u>SA 6317E</u> Make / Model / Colour : <u>I 400</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: <u>4 Macalister Rd</u>			8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:					

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 # : Cracked X : Dented / : Scratched O : Missing	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------	--

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS	
Name of Driver : <u>Nimal</u>	TOWING
Vehicle No. : <u>YN 36634</u>	
Time Dispatch : <u>1700</u>	
Time of Arrival : <u>2000</u>	
Time Completed : <u>2118</u>	

Cash Invoice Details (if applicable)

3. Cash Invoice No. : _____

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

<u>25/01/19</u> Date	<u>2000</u> Time	<u>[Signature]</u> Signature of Customer
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4. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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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	26/01/2019 12:05
Date Of Accident	25/01/2019 18:45
Exact Location Of Accident	CTE TWDS TUNNEL CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH6317E
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	SUHAINY BIN MOHD SA'AT
NRIC No	S2188138D
Date Of Birth	05/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96589812
Fax Number	
Contact Number	
Email Address	MSASSS@YAHOO.COM.SG

Address	BLK 155 WOODLANDS STREET 13 #07-763
Postcode	730155
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)	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

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	SMF1726Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIAN TECK
NRIC/Passport Number	S1459968A
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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.

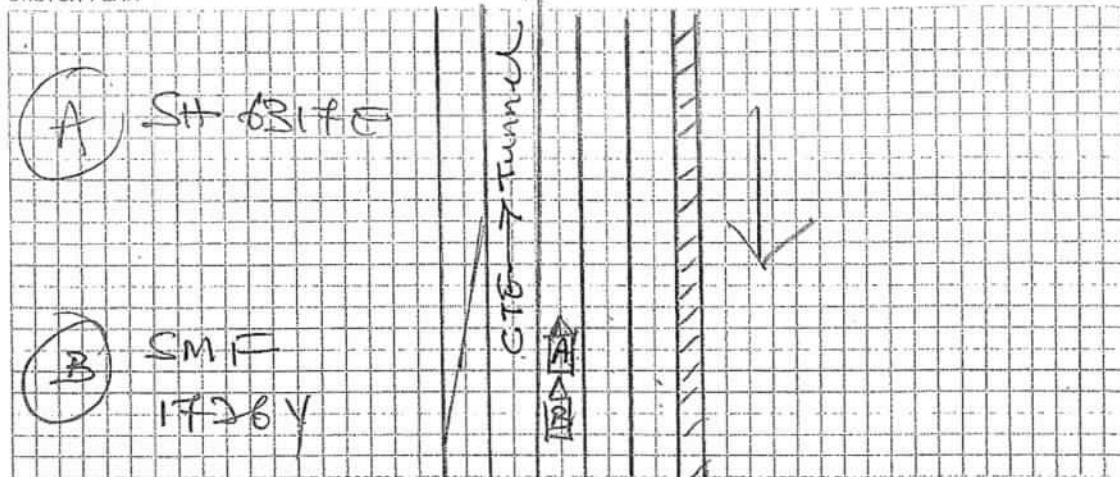
COMFORT TRANSPORTATION PTE LTD
2010-01-01-2010-12-31

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 25 Jan 2019 @ 18:45 hrs I

veh A were driving along the above

location straight. vehicle in front slow down

and brake. I veh A also brake

Suddenly veh B from the rear hit veh A

Reck. no pax on veh A.

DECLARATION

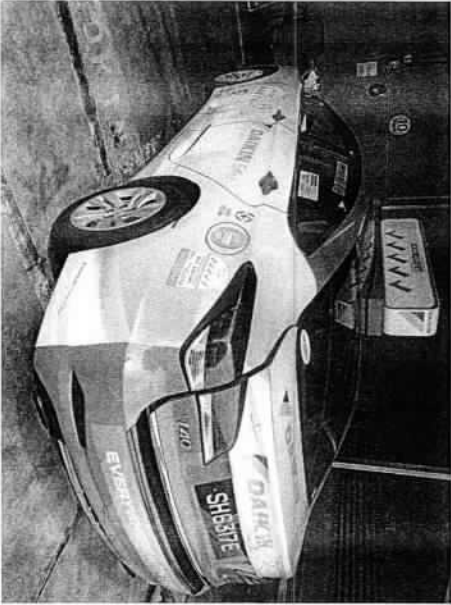
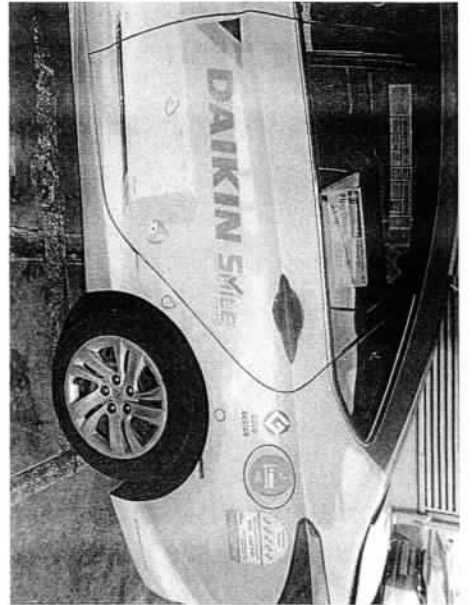
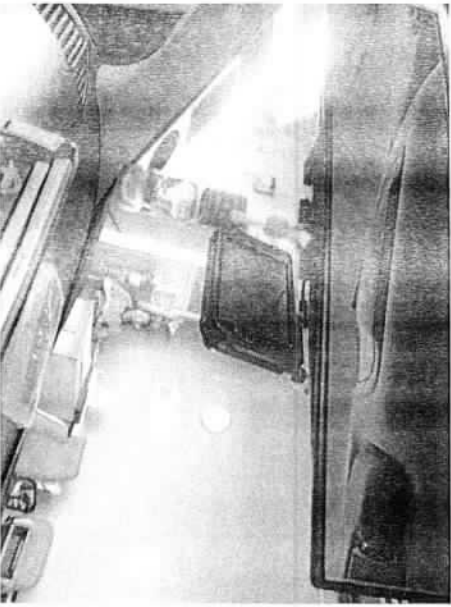
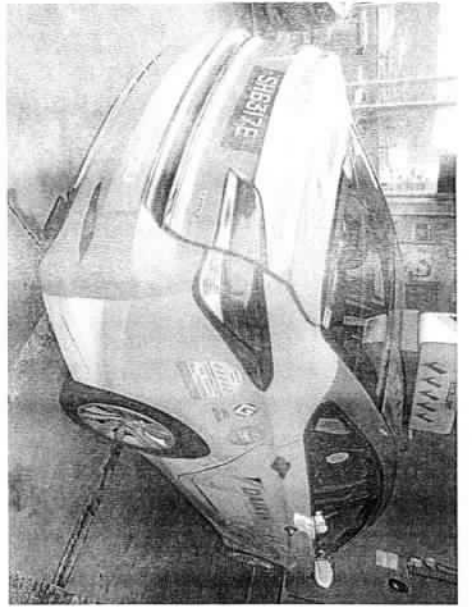
I/We declare the foregoing particulars are true in every respect.

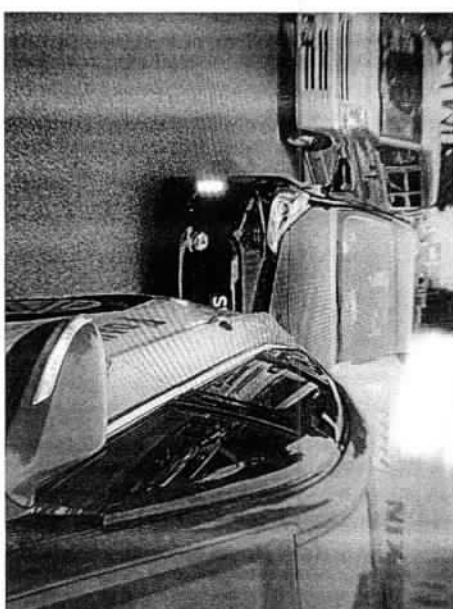
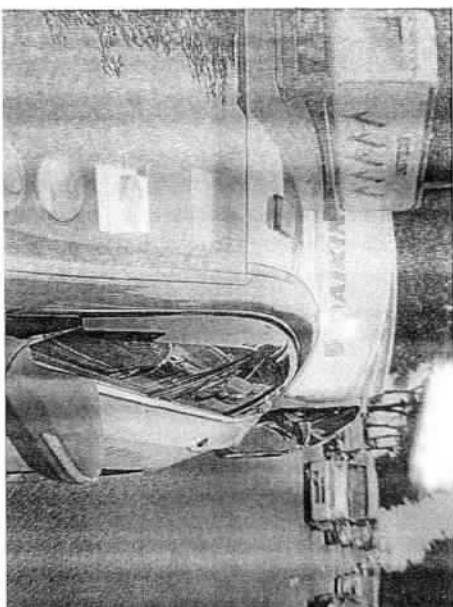
COMFORT TRANSPORTATION PTE LTD
CO REG NO 190003921R

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.:





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)

Jumani

(Jumani)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	25/01/2019
Vehicle Reg. No.:	SH6317E	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 GDI (A)	Vehicle Reg. Date:	31/12/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU417257	Chassis No:	KMHLB41UMEU061536
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	4,560.10
Miscellaneous Items	10.00
Labour	1,900.00
Paintwork Labour	0.00
Towing	6620.14 0.00
Gross Total (S\$)	6,470.10
+ GST 7.00% (S\$)	452.91
Nett Amount (S\$)	6,923.01

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** (Last Synchronised: 28 Jan 2019)**Parts:** N/A HYUNDAI I40 1.7 GDi (A) (Model not available in database)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SH6317E/28/01/2019 11:28**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 COVER	20.00	0.00	*2,174.90 FL	X SVC
2	1		*BOOTLID LOCK UPPER	20.00	0.00	*102.60 FL	X SVC
3	1		*BOOTLID LOCK LOWER	20.00	0.00	*31.70 FL	?X SVC
4	1		*BOOTLID H EMBLEM	20.00	0.00	*28.70 FL	X NN
5	1		*BOOTLID CRDI EMBLEM	20.00	0.00	*27.90 FL	X NN
6	1		*BOOTLID I40 EMBLEM	20.00	0.00	*27.90 FL	X NN
7	10		*BOOTLID TRIMBOARD CLIPS	20.00	0.00	*11.00 FL	X NN
8	1		*BOOTLID MOULDING	20.00	0.00	*85.00 FL	X NN
9	1		*REAR BUMPER ASSY	20.00	0.00	*553.00 FL	/CRK
10	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	*428.40 FL	/BT
11	1		*REAR BUMPER REINFORCEMENT BRACKET LH	20.00	0.00	*80.30 FL	?X SVC
12	1		*REAR BUMPER REINFORCEMENT BRACKET RH	20.00	0.00	*80.30 FL	?X SVC
13	1		*REAR BUMPER SPONGE	20.00	0.00	*103.50 FL	?X SVC
14	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL	/DL
15	1		*REAR PANEL	20.00	0.00	*526.70 FL	?X SVC
16	1		*REAR PANEL GARNISH	20.00	0.00	*57.70 FL	?X SVC
17	1		*REAR FLOOR CENTRE - MEMEBER ASSY	20.00	0.00	*570.40 FL	?X SVC
18	1		*BOOTLID COMFORT LOGO & TEL.NO STICKER	0.00	0.00	*30.00 F	X NN
19	1		*REVERSE SENSOR	0.00	0.00	*135.70 F	?X SVC
20	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F	/NEC
21	1		*REAR BUMPER ADVERTISEMENT LOGO	0.00	0.00	*50.00 F	/NEC
22	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	0.00	0.00	*200.00 F	/NEC

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	5,583.70
- List Item Discount on L Items (\$\$)	1,023.60
Total Parts (\$\$)	4,560.10

ComfortDelGro Engineering Pte Ltd/SH6317E/28/01/2019 11:28. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

1209.4 967.52
 300
 840
 2107.52
 1,686.0
 1,200

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	800.00 300
2	SPRAYPAINT	New	900.00 300
3	WIRING	New	50.00 30
4	TUFF KOTE	New	50.00 40
5	REMOVE/REFIX REVERSE SENSOR	New	100.00 20
Gross Labour Cost (S\$)			1,900.00

ComfortDelGro Engineering Pte Ltd/SH6317E/28/01/2019 11:28. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

NAZ LKK
28/1/19 1600
2/5
3 DAYS
CHECK ITEMS PHOTOS
AFTER REPAIR PHOTOS -

29/1/19

LKK Auto Consultants hence notify the Repairer of the following:

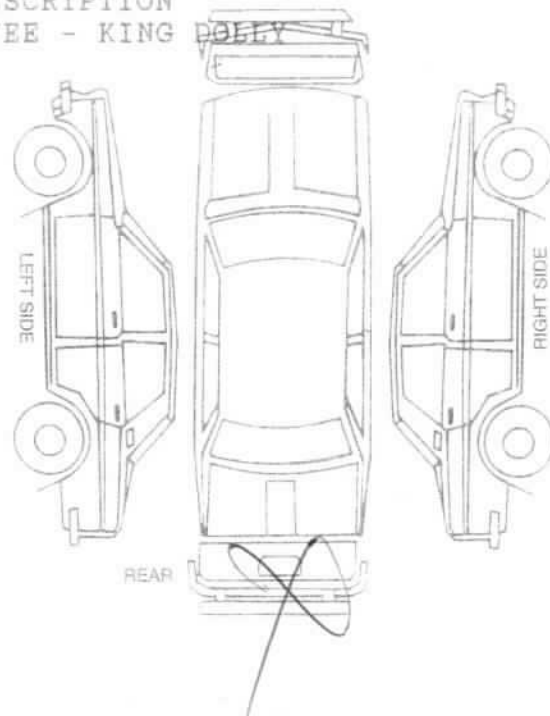
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Team: ARC Repair TP(CLSO)1		JOB CARD		Sales Order: 3893551		JC NO.: 305263770	
CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (Q) (P) COUNT CARD NO.				REGN NO.: SH 6317E		MILEAGE	
				MAKE: HYUNDAI		FUEL E.....1/2.....F	
				MODEL I-40		DATE/TIME IN 25.01.2019 18:45	
				YR OF MANU. 31.12.2014		TARGET DATE	
				CHASSIS CODE KMHLB41UMEU061536		COMPLETION DATE/TIME:	

Accident Date: 25.01.2019 NATURE: 3P 25.01.19 -		<u>JOB DESCRIPTION</u>	
S/NO 000010	LABOR CODE 23-01	DESCRIPTION TOWING FEE - KING DOLLY	
		<div>FRONT</div>  <div>LEFT SIDE</div> <div>RIGHT SIDE</div> <div>REAR</div>	

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Wedge ment Slip		Exit Pass	
Vehicle No.: SH 6317E		Vehicle No.: SH 6317E	
Signature/Date		Name of Service Advisor	
Date		Date	
returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

Our Job Ref No 305263770
Date : 01/02/19

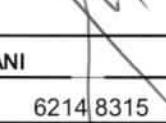
ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156


FINALIZATION FORM

To : LKK Fax :
Attn : NAZ
: SH 6317E Date of Accident : 25/01/2019

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

1. The repair job shall bill to: TOKIO --- SMF1726Y
###
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) NI
Total for Lumpsum repair cost after Less: 20% \$1,750.00 \$1,700
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 21/2/19

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

(SUPPLEMENTARY)

TP INSURER: Tokyo Marine Insurance Singapore Ltd (HQ)
LUMENS AUTO PTE. LTD.

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:	MJ001357	Date of Loss:	25/01/2019
Vehicle Reg. No.:	SH6317E	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 GDI (A)	Vehicle Reg. Date:	31/12/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU417257	Chassis No:	KMHLB41UMEU061536
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	0.00
Miscellaneous Items	0.00
Labour	150.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	150.00
+ GST 7.00% (S\$)	10.50
Nett Amount (S\$)	160.50
+ Previous Estimates (S\$)	6,923.01
Claim Total (S\$)	7,083.51

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	TOWING FEE - KING DOLLY	New	150.00
Gross Labour Cost (S\$)			150.00

ComfortDelGro Engineering Pte Ltd/SH6317E/01/02/2019 17:32. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	28 Jan 2019 11:18 Sendback Est	28 Jan 2019 11:28 S\$6,470.10	28 Jan 2019 12:17 Edit Adj Rpt	S\$1,700.00 Edit Estimates	S\$1,700.00 View Rpt		Pending for Survey Report Cancel Case
Supp #1	01 Feb 2019 17:30	01 Feb 2019 17:32 S\$150.00	01 Feb 2019 17:32			(Combined)	Combined with Main Uncombine Suppl.

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	LUMENS AUTO PTE. LTD., Co. Reg. No.: 201426961K		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH6317E	Date of Loss:	25/01/2019 18:00 - :59 [48 Months and 25 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1900562	Policy/Cover Note No.:	MJ001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019
Vehicle Reg. No. (Insured):	SMF1726Y	Policy No. (Claimant):	
		Excess:	S\$2,000.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Roland Heng Cheng Liang - 6592 6400]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 08/02/2019]		

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?
No results.									

Claim Documents

SH6317E (M1900562)
[SMF1726Y]
TP
COMFORT TRANSPORTATION PTE LTD
Jan 25 2019 6:00PM
[LUMENS AUTO 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 type="button" value="✓"/>	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print		
1	28/01/19 11:28	Repairer Estimates	1	Load HTM			
2	01/02/19 17:32	Repairer Estimates Suppl. #1	1	Load HTM			
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print		
1	28/01/19 12:02	Accident Statement From: SC - Reg. No: SMF1726Y, Claimant: LUMENS AUTO PTE. LTD.	1	Load HTM			
Photos/Images						3 per page <input type="button" value="✓"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print		
1	29/01/19 11:34	General View	1	Load JPG	✓		
2	29/01/19 11:34	General View	1	Load JPG	✓		
3	29/01/19 11:34	General View	1	Load JPG	✓		
4	29/01/19 11:34	General View	1	Load JPG	✓		
5	29/01/19 11:34	General View	1	Load JPG	✓		
6	29/01/19 11:34	General View	1	Load JPG	✓		
7	29/01/19 11:34	General View	1	Load JPG	✓		
8	29/01/19 11:34	General View	1	Load JPG	✓		
9	29/01/19 11:34	General View	1	Load JPG	✓		
10	29/01/19 11:34	General View	1	Load JPG	✓		
11	29/01/19 11:34	General View	1	Load JPG	✓		
12	29/01/19 11:34	General View	1	Load JPG	✓		
13	29/01/19 11:34	General View	1	Load JPG	✓		
14	29/01/19 11:34	General View	1	Load JPG	✓		
15	29/01/19 11:34	General View	1	Load JPG	✓		
16	29/01/19 11:34	General View	1	Load JPG	✓		
17	29/01/19 11:34	General View	1	Load JPG	✓		
18	21/02/19 11:07	Photo After Spray	1	Load JPG	✓		
19	21/02/19 11:07	Photo After Spray	1	Load JPG	✓		
20	21/02/19 11:07	Photo After Spray	1	Load JPG	✓		
Documentation						1 per page <input type="button" value="✓"/>	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print		
1	28/01/19 11:29	E-filed GIA report	1	Load PDF			
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print		
1	25/02/19 10:23	Supplementary	1	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/TMI19001780/NTD3E2

Date: 25/02/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MJ001357

Claimant Vehicle No: SH6317E

Insured Vehicle No: SMF1726Y

Date of Loss: 25/01/2019

Nature of Claim: TP

Claim No: M1900562

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SH6317E

Make & Model: HYUNDAI I40, 1.7 GDi (A)

Reg. Date: 31/12/2014 (Man. Year: 2014)

Colour: Blue

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

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

Engine No: D4FDEU417257

Chassis No: KMHLB41UMEU061536

Odometer: 654806 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Good Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

Average

CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: West Lake 6 mm

Rear Left Side: West Lake 5 mm

Front Right Side: West Lake 6 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	4,560.10	1,267.52	3,292.58	72.20
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	2,050.00	840.00	1,210.00	59.02
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	6,620.10	2,117.52	4,502.58	68.01
Approved Total (Overridden) (\$\$)		1,700.00		
(\$\$)	6,620.10	1,700.00	4,920.10	74.32
+ GST 7.00/7.00% (\$\$)	463.41	119.00	344.41	74.32
Nett Amount (\$\$)	7,083.51	1,819.00	5,264.51	74.32

INSPECTION

Date of Assignment: 28/01/2019 Present Location:

ComfortDelGro Engineering Pte Ltd
(Loyang)

Date Inspected: 28/01/2019 Inspected At:

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

Estimated Period of Repair: 3.0 days

Adjuster: Muhammad Nazril Bin Abdullah**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:	(Last Synchronised: 25 Feb 2019)	
Parts:	N/A	HYUNDAI I40 1.7 GDi (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH6317E)	
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 COVER	Serviceable	2,174.90 FL	*- FL
2	1		*BOOTLID LOCK UPPER	Serviceable	102.60 FL	*- FL
3	1		*BOOTLID LOCK LOWER	Serviceable	31.70 FL	*- FL
4	1		*BOOTLID H EMBLEM	Not Necessary	28.70 FL	*- FL
5	1		*BOOTLID CRDI EMBLEM	Not Necessary	27.90 FL	*- FL
6	1		*BOOTLID I40 EMBLEM	Not Necessary	27.90 FL	*- FL
7	10		*BOOTLID TRIMBOARD CLIPS	Not Necessary	11.00 FL	*- FL
8	1		*BOOTLID MOULDING	Not Necessary	85.00 FL	*- FL
9	1		*REAR BUMPER ASSY	Cracked	553.00 FL	*553.00 FL
10	1		*REAR BUMPER REINFORCEMENT	Bent	428.40 FL	*428.40 FL
11	1		*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	80.30 FL	*- FL
12	1		*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	80.30 FL	*- FL
13	1		*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
14	1		*REAR BUMPER UNDER COVER	Distorted	228.00 FL	*228.00 FL
15	1		*REAR PANEL	Serviceable	526.70 FL	*- FL
16	1		*REAR PANEL GARNISH	Serviceable	57.70 FL	*- FL
17	1		*REAR FLOOR CENTRE - MEMEBER ASSY	Serviceable	570.40 FL	*- FL
18	1		*BOOTLID COMFORT LOGO & TEL.NO STICKER	Not Necessary	30.00 F	*- F
19	1		*REVERSE SENSOR	Serviceable	135.70 F	*- F
20	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 F
21	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 F
22	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 F	*200.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	5,583.70	1,509.40
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,023.60	241.88
Total Parts (\$\$)	4,560.10	1,267.52

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	300.00
2	SPRAYPAINT	New	900.00	300.00
3	WIRING	New	50.00	30.00
4	TUFF KOTE	New	50.00	40.00
5	REMOVE/REFIX REVERSE SENSOR	New	100.00	20.00
<u>Supplementary #1</u>				
<u>Labour Items</u>				
6	TOWING FEE - KING DOLLY	New	150.00	150.00
Gross Labour Cost (S\$)			2,050.00	840.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >