

22/03/2002

ASS. REC. BY:

REF: C91MSG19001980/Dvd34

Special Instruction:

Survivor: Bryan  
Merimen

## ASSIGNMENT (Office)

From (Person): Christina Wong

of

MSLG

Date/Time:

30/1/19 @ 2:52pm

Estimated Cost:

Bill to:

OD / ~~(TP)~~ WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHA 6998G

Insured:

SLP 9157K

at Workshop m/s

Boon Hock Motor

Tel:

6542 5119

of

Blk 10, Amk Ind. Park 2A # 01-05/06

Policy No:

1000714684

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/01/2019

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

H.O.D. Endorsement:

Date/Time:

3:15pm @ 30/1/19

Person Contacted:

Lynn

Vehicle

IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHA 6998G-X

SLP 9157K-X

31/1/19

Send preli revised via merimen

REF:

## ASSIGNMENT

COB April 2022

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

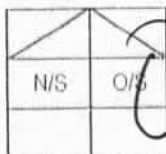
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: **SHA 6998G** Yr Regn: **2014 April**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai I40** G.C. **1685**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **851119** T/Radio: Insured / Std / NI / NAEng/No: **D4FDEU410896**C/No: **KMHCB41UMB0053687**Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: **Oil** / S/Rim / STD A/Rim orTyre Size: F: **205/60 R16**R: **---**

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

TOYO / YOKO or **Campeon**

Front

Rear

R/Bal. **5** mm R/Bal. **5** mmL/Bal. **5** mm L/Bal. **5** mmD.O.A. **27/01/2019** D.O.I. **29/01/2019**Survey held at **Chunni AMK**

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

**0/3 Body**

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

Date / Time

Action / Instruction

**MSIG SLP3157K**

**28/02/19** **Insured L/S 6100/- with 5 days & rev (Red 3823.96, 3810)**

RECEIVED 01 MAR 2019

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

Report Format:

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

☐ : Preli. Report☐ : Final ReportDays Of Repair: **5**Resurvey No. of Trip: **2**Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech Invs (\$☐ Weekend (\$Survey Fee: **160**

Transportation

) S + RS. SI

) Photos

) Others

) TOTAL

TOTAL

**160****10****160****merimen****6100/-****1/3 - typist**

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	29 Jan 2019		30 Jan 2019 14:52 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

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

### CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	Tokyo Century Leasing (Singapore) Pte. Ltd., Co. Reg. No.: 197901535G		[Created by insurer]	
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R			
Vehicle Reg. No.:	SHA6998G	Date of Loss:	27/01/2019 00:00 - :59 [57 Months and 4 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP	Policy/Cover Note No.:	1000714684 Coverage: 31/05/2018 - 30/05/2019	
Vehicle Reg. No. (Insured):	SLP3157K	Policy No. (Claimant):		
		Excess:		
Repairer:	Soon Hock Motor Pte Ltd (HQ) Blk 10 Ang Mo Kio Industrial Park 2A, #01-05/06 AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016			
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 31/01/2019]			
Driver/Custodian (Insured):	LEE JUNGHYUN (), NRIC: G3386766U			
Adj Asg. Remarks:	Liability down. TP want to use LKK as the SJE. Contact Person: Ms Lynn or Ms Irene / 6542 5119 or 6542 7162.			

### ASSOCIATED MAIL RECEIVED

There are no mail for this case.

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

### 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.									

**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

To:	MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	From:	LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn:	Christina Wong	Date:	31 Jan 2019
<b><u>Preliminary Advice</u></b>			

Insured Vehicle No	: SLP3157K	Accident Date	: 27/01/2019
TP Vehicle No	: SHA6998G	Assignment Date	: 30/01/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 5.00
Date of Inspection	: 29/01/2019		
Inspection At	: SOON HOCK MOTOR PTE LTD (HQ) BLK 10 ANG MO KIO INDUSTRIAL PARK 2A, #01-05/06 AMK AUTOPOINT SINGAPORE 568047		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages o/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	9,923.96
Revised Amount	:S\$	7,676.36
Check Items (Estimated)	:S\$	0.00
Total	:S\$	7,676.36

Lump Sum Repair	:S\$	
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**Total Loss Consideration**

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

**Remarks**

( ) The vehicle is economical/not economical for repair.

( X ) The above survey was conducted on a 'without prejudice' basis.

MCD619013210 / ComfortDelGro Engineering Pte Ltd - Loyang  
ENTRY DATE & TIME: 28/01/2019 15:48  
SUBMITTED BY: Janet Lim Seng Gek

**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	28/01/2019 15:48
Date Of Accident	27/01/2019 15:55
Exact Location Of Accident	DUNEARN RD TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA6998G
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LEONG SIEW MENG
NRIC No	S1122600J
Date Of Birth	19/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91449904
Fax Number	
Contact Number	
Email Address	SIEWMENG@HOTMAIL.SG

Address BLK 125 ALJUNIED ROAD  
#04-02  
Postcode 380125  
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) 2  
Passenger 1  
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**

REFER POLICE REPORT NO: T/20190128/2050 \* TYPE OF ACCIDENT :- HEAD TO SIDE

**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 SLP3157K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver HANNAH  
NRIC/Passport Number G3386766U  
Contact Number 97547249  
Address  
Postcode  
Insurance Company Name

Nature Of Damage FRONT LH

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LEONG SIEW MENG

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SHA6998G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN****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. 199303821R

Policyholder's Signature  
Date & Time:

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

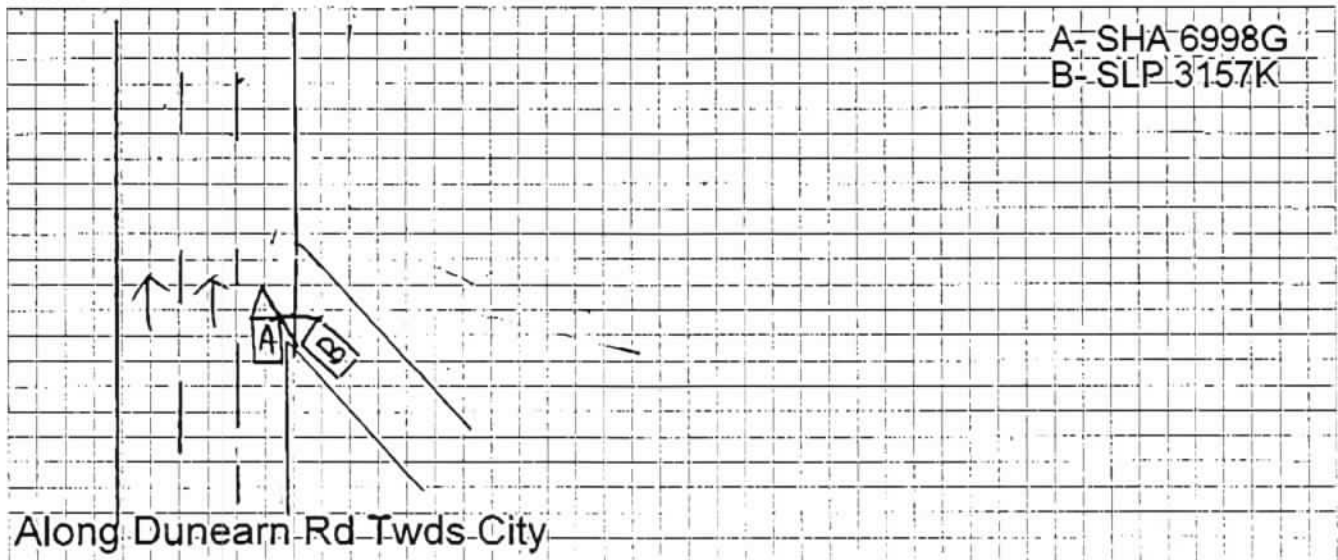
Date & Time: 28.01.2019@1430HRS

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.: June Tan



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20190128/2050

## DECLARATION

I/We declare the foregoing information is true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28.01.2019@1430HRS

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



**SINGAPORE  
POLICE FORCE**



T/20190128/2050

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 4

Report No. T/20190128/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2019 13:18	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: LEONG SIEW MENG	Address: APT BLK 125 ALJUNIED ROAD #04-02 SINGAPORE 380125		
ID Type / ID No.: NRIC NO / S1122600J	Contact No.: Home/Office: Mobile: 91449904		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 63	Date of Birth: 19/04/1955	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/01/2019 15:55	Type of Location: Straight Road
Location: Along Road 1 DUNEARN ROAD  DUNEARN RD TOWARDS CITY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA6998G	Car				Seriously Damaged	1
SLP3157K	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190128/2050

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 4

Report No. T/20190128/2050

## CONTINUATION OF REPORT

<b>Passenger</b>				
Name	CHAN		ID No.	NIL
Related Vehicle	SHA6998G (Car)		Contact No.	97547249
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	LEONG SIEW MENG		ID No.	S1122600J
Related Vehicle	SHA6998G (Car)		Contact No.	91449904
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
<b>Driver</b>				
Name	HANNAH		ID No.	G3386766U
Related Vehicle	SLP3157K (Car)		Contact No.	97547249
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 27/01/2019 at about 1555hrs while operating my taxi SHA6998G with a passenger in the rear seat, travelling along Dunearn Road towards City, as I was driving past a U-turn point connecting from Bukit Timah Road towards Dunearn Road, a vehicle SLP3157K exited the U-turn at a great speed, I reacted by steering my steering wheel to the left upon seeing the said vehicle however it did not prevent the accident which resulted in the vehicle SLP3157K to collide onto the right portion of my vehicle, causing serious damages on both my front and rear right doors.

My passenger whom was in the back seat was frightened.

The driver of the vehicle SLP3157K (Hannah, G3386766U, hp: 97547249) then admitted to me that she was in the wrong for not giving way to my vehicle when she exit towards Dunearn Road.

I am lodging this report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20190128/2050

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 4

Report No. T/20190128/2050

CONTINUATION OF REPORT

**SINGAPORE  
POLICE FORCE**

T/20190128/2050

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

4 of 4

Report No. T/20190128/2050

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sgt 1 SHAUN CHUA YONG QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/01/2019 13:18

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE

SIGNATURE

**CHUNNI MOTOR WORK PTE LTD****REPAIR ESTIMATE\***

VEHICLE NO : SHA 6998G

DATE : 28.01.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI i40

FAX : 6542 6039

MSIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Door (RH) <i>fr</i>			\$ 2,256.40	✓
	Front Door Gear / Regulator (RH) <i>fr HH</i>			\$ 250.60	✗
	Front Door Power Motor, RH <i>HH</i>			\$ 296.40	✗
	Door Centre Pillar Outer (RH) <i>Dented</i>			\$ 2,527.80	✓
	Rocker Panel Outer Garnish <i>cut</i>			\$ 341.40	✓
	Rear Door (RH) <i>Dented</i>			\$ 2,201.10	✓
			7326.70		
			5861.36		
	SUB TOTAL			\$ 7,873.70	
	LESS 20%			\$ 1,574.74	
	DISCOUNTED TOTAL			\$ 6,298.96	
	Front Door Comfort Logo (RH) <i>HH</i>			\$ 75.00	Nett ✓
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>HH</i>		155.00	\$ 80.00	Nett ✓
				\$ 155.00	
	<b>Labour Charge</b>				
	Panel Beating			\$ 1,200.00	800/-
	Spray Painting Charge			\$ 1,000.00	700/-
	Wiring Charge			\$ 50.00	HH
	Tuff Kote			\$ 100.00	40/-
	Transfer of Door		\$ 120.00	\$ 240.00	120/-
	Re-set Frt & Rear Power Window System		\$ 200.00	\$ 400.00	HH
	Diagnostic & Resetting To Erase Fault Code		1660.00	\$ 480.00	HH
	TOTAL LABOUR			\$ 3,470.00	
	ESTIMATE TOTAL			\$ 9,923.96	
	29/01/2019 @ 1600hrs				
	Not Antun				
	L/Sund 5 dgs.				
	<i>Signature</i>				
	2KK Auto				
			767636		
			2/8 6100/-		

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	29 Jan 2019		30 Jan 2019 14:52 <a href="#">Edit Adj Rpt</a>	<b>S\$6,100.00</b> <a href="#">Edit Estimates</a>	<b>S\$6,100.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	Tokyo Century Leasing (Singapore) Pte. Ltd., Co. Reg. No.: 197901535G, Email: kenkwek@tcls.com.sg								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHA6998G	Date of Loss:	27/01/2019 00:00 - :59 [57 Months and 4 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 224742	Policy/Cover Note No.:	1000714684 Coverage: 31/05/2018 - 31/05/2019						
Vehicle Reg. No. (Insured):	SLP3157K	Policy No. (Claimant):							
		Excess:							
Repairer:	Soon Hock Motor Pte Ltd (HQ) Blk 10 Ang Mo Kio Industrial Park 2A, #01-05/06 AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by BRYAN TANI] ... [Final Rpt due 01/03/2019]								
Driver/Custodian (Insured):	LEE JUNGHYUN (), NRIC: G3386766U Email:								
Adj Asg. Remarks:	Liability down. TP want to use LKK as the SJE. Contact Person: Ms Lynn or Ms Irene / 6542 5119 or 6542 7162.								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SHA6998G (224742)  
[SLP3157K]  
TP  
COMFORT TRANSPORTATION PTE LTD  
Jan 27 2019 12:00AM  
[Tokyo Century Leasing (Singapore) Pte. Ltd.]  
Soon Hock Motor Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
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







**View** View in Browser

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
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Photos/Images				3 per page	<input checked="" type="checkbox"/>
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Assessment Reports			1 per page	<input checked="" type="checkbox"/>
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Documentation			1 per page	<input checked="" type="checkbox"/>
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3	29/01/19 18:12	SHA6998G GIA Rpt	Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>
<div></div>
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer
<small>Note: Remarks are private unless you show it to other parties.</small>

## 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/MSG19001980/DVD3E2

Date: 04/03/2019

## REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 1000714684

Claimant Vehicle No : SHA6998G

Insured Vehicle No : SLP3157K

Date of Loss: 27/01/2019

Nature of Claim: TP

Claim No: 224742

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHA6998G

Make &amp; Model: HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A) Engine No: D4FDEU410896

Reg. Date: 23/04/2014 (Man. Year: 2014)

Chassis No: KMHLB41UMEU053687

Colour: Blue

Odometer: 851119 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: Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: Campeon 5 mm

Rear Left Side: Campeon 5 mm

Front Right Side: Campeon 5 mm

Rear Right Side: Campeon 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,453.96	6,016.36	437.60	6.78
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,470.00	1,660.00	1,810.00	52.16
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>9,923.96</b>	<b>7,676.36</b>	<b>2,247.60</b>	<b>22.65</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>6,100.00</b>		
<b>(S\$)</b>	9,923.96	6,100.00	3,823.96	38.53
<b>+ GST 7.00/7.00% (S\$)</b>	694.68	427.00	267.68	38.53
<b>Nett Amount (S\$)</b>	<b>10,618.64</b>	<b>6,527.00</b>	<b>4,091.64</b>	<b>38.53</b>

## INSPECTION

Date of Assignment: 30/01/2019

Date Inspected: 29/01/2019 Inspected At:

Chunni Motor Work Pte Ltd (HQ)  
Blk 10 Ang Mo Kio Industrial Park 2A, #01-05/06 AMK Autopoint  
Singapore 568047

Estimated Period of Repair: 5.0 days

---

**Adjuster:** BRYAN TANI

**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

<b>Reference</b>		
<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 04 Mar 2019)
<b>Parts:</b>	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHA6998G)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT DOOR (RH)	Buckled	2,256.40 FL	*2,256.40 FL
2	1		*FRONT DOOR GEAR / REGULATOR (RH)	Not Necessary	250.60 FL	*- FL
3	1		*FRONT DOOR POWER MOTOR, RH	Not Necessary	296.40 FL	*- FL
4	1		*DOOR CENTRE PILLAR OUTER (RH)	Dented	2,527.80 FL	*2,527.80 FL
5	1		*ROCKER PANEL OUTER GARNISH	Cut	341.40 FL	*341.40 FL
6	1		*REAR DOOR (RH)	Dented	2,201.10 FL	*2,201.10 FL
7	1		*FRONT DOOR COMFORT LOGO (RH)	Necessary	75.00 FS	*75.00 FS
8	1		*REAR DOOR COMFORTDELGRO & APPS STCKER (RH)	Necessary	80.00 FS	*80.00 FS

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

<b>Sub Total (\$\$)</b>	<b>8,028.70</b>	<b>7,481.70</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>1,574.74</b>	<b>1,465.34</b>
<b>Total Parts (\$\$)</b>	<b>6,453.96</b>	<b>6,016.36</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	1,200.00	800.00
2	SPRAY PAINTING CHARGE	New	1,000.00	700.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	100.00	40.00
5	TRANSFER OF DOOR	New	240.00	120.00
6	RE-SET FRT & REAR POWER WINDOW SYSTEM	New	400.00	0.00
7	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
<b>Gross Labour Cost (\$\$)</b>			<b>3,470.00</b>	<b>1,660.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >