Myeyor 1	Jaz	ASSIGNMEN	2209/N		
From (Person): 21	in Sorthilan			D	nte/Time: 7/2/19 & 4:10 PM
Estimated Cost:			Bill to:		
	ES / OD RES / EVA	/INV/MV/CS			
To Inspect Vehicle N		84 85340	3	Insured;	SIW 4330G
at Workshop m/s	comf	ut Delan	Ö		6214 8300
of	50	1 oyung ?	Anve		
Policy No: MC	00073	000	Claim No:	11101	00731
Sum Insured:	00013		Excess:		
Make of Veh:				D.	O.A. 3/2/2019 .
(Client's Record)					
(Client's Record) CA / REV / REP.	/ REV 24 HRS lup)				H.O.D. Endorsement:
(Client's Recent)  CA / REV / REP.	/ REV 24 HRS lup) で引219 Pers		Junei		
(Client's Record)  CA / REV / REP.  Date/Time: 4:16pt		on Contacted;	Junei		H.O.D. Endorsement:
(Client's Record)  CA / REV / REP.  Date/Time: 4:16pt  Date/Time Action	Mastruction (	on Contacted:	U		H.O.D. Endorsement:
(Client's Record)  CA / REV / REP.  Date/Time: A:16pr  Date/Time Action	VInstruction ( V 86346-NS/IN	on Contacted:	U		H.O.D. Endorsement:
(Client's Record)  CA / REV / REP.  Date/Time: A:16pr  Date/Time Action	Mastruction (	on Contacted:	U		H.O.D. Endorsement:

			- // 0 == // /	24 M A R 201
From: .	Dale:	Veh No:	2H 8234 CT	Yr Rogn: 24 M A 2201  / Lorry / Tax / Prime Mover /
Eslimated Cost:				
OD/TP/WS/TP RES	/OD RES / EVA / INV / MV	10		c.c.1, 687
To Inspect Vehicle No:		Make:	HYUNDAIIYO	A/C: (Insur,d/Std/NI/NA
at Workshop m/s		Colour	BLUE	
	,	Sp.Reading	443 205	T/Radior Insured LStd / NI / NA
Insured:		Eng/No:		
Defaults		C/No:	KMHLBUD	14M440P5849
		Gan, Cond; G	Good (Fair) Poor / Bu	ırnt
Sum Insured:	Excess:	Steering: Inc	rder / Jammed / Leak	ed / Burnt or
(Client's Record)		Brake: Ino	rder I Jammed I Leak	ed / Burnt 'or
Make of Veh:		Modl: NII	I SIRIM I STD AVRIM	1 or
		Tyre Sizo:	F:	215/60RL6
(Policy Condition)			R:	11
Remark; The veh had	commenced Its X N/S 0/S	BS / DUN / E	XNOVA / GY / FS / LI	ZA / MIC / OHTSU / PIR / SUMI /
	time of inspection.	TOYOIYO		95
Bal, or Market Value:	\	Front		Rear
IDAC Accident Rport:	Consistent7 : Yes or No	R/Bal.	J mm	R/Bal. 6 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal.	J mm	UBalmn
Samo una	4 days Res.: Yes or No	D.O.A. 3/		U.O.I. 7/2/19
Est. Repairs:	% 3 Val.: Yes or No	Survey held	al CD4E	2 LOYANG
Lum Sum:		Des, of Dama	ages: Frt / Rear / O	IS I NIS I UIC I Rooftop or
CA / REV / REP.	/ 24 HRS Vehicle: IN / OUT	N/	14	
Dale:		The U/C	/ Chassis frame / B	ody Structure affected due to collisio
Date / Time Action	on/Instruction			771.14%
	NOLIZED PART BY PART S	3 5 8 PU .1	2019	1/3/2019
	DEOLITED			
Dale/Time, File Pass to?	I Transitoport	Days Of Rep		'Survey Fee: 250
01/03/19	: Final Report	Resurvey No	o, of Trip:	Transportation:
Dale/Time, File Roturn to?		: Site I	nsp (\$	)'_S+RS_SI
2)	Add Fee:	: Interv	пор (	) Pholos
			. Inva (\$	), Officers
Report Format:	10 10 000 10 000	1	kend (\$	) [10]
Lump Sum / I.B.I:	(\$ 5,804.12 P/A			TOTAL 260

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

LAIM SU	BFOLDER TRACK	ING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status		
Main	04 Feb 2019 Sendback Est	04 Feb 2019 12:29 <b>\$\$6,354.12</b>	07 Feb 2019 16:10 Assign				New As	ssignment Case	
	Main	Refere	nce	Claim Detail	s	Documents		Show All	
CLAIM S	UBFOLDER DETA	ILS			The second second				
Insured:	ARB TRANS	& SERVICES PTE.	LTD., Co. Reg.	No.: 201502817Z					
Main Claimant:	CTPL								
Vehicle Re No.:	g. SH8534G			Date of Lo	os: 03/02/2019 [34 Months		LTA Reg Da	te (Man Yr)1	
Claim Type	e: <b>TP</b> / M1900	731	Policy/Cov	over MJ000073 (Comprehensive)		( compressed)			
Vehicle Re No. (Insured):	SJW4330G			Policy No. (Claimant)					
				Excess:	S\$2,000.00				
Repairer:	ComfortDelG	ro Engineering Pt	e Ltd (Loyang)	59 Loyang Drive, 50	8969 Loyang - T	el: 6214 8300			
Handling Insurer:				Tel: 6221 6111 [			elvarajoo]		
Adjuster:	LKK Auto Cor	nsultants Pte Ltd (	(HQ) - Tel: 6256	-3561 [Final R	ot due 18/02/	20191			
Adj Asg. Remarks:	A SAME AND	VE NOT REPORT THE				•			
ASSOCIA	TED MAIL RECEI	VED				View	All Com	pose Case Ma	
There are	no mail for this case	e.							
ALL ASS	OCIATED TASKS	3			View All	Conset Tacks   C			
Due Dat	te Priority T	ype Task Grou	p Subject	Handler Assi		Search Tasks Cro	Created (		
No reculte					-		or curen (	Dille Library	

#### 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 witholding 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	04/02/2019 08:46
Date Of Accident	03/02/2019 01:30
Exact Location Of Accident	CHENG SAN MARKET & COOKED FOOD CTR AT AMK AVE 10
Country/State of Loss	SINGAPORE
· · · · · · · · · · · · · · · · · · ·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH8534G
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	140
Exact Purpose for which vehicle was being used a time of accident	t
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	TAN KENG SWEE
NRIC No	S1742446G
Date Of Birth	19/06/1066

Date Of Birth 18/06/1966 Occupation OUTDOOR

**Driving Experience** 28 YEARS AND 10 MONTHS

24/03/1990

Gender MALE

Mobile Number (LOCAL) +65-91663933

Fax Number

Contact Number

Date Of Driving Pass

EMail Address NOEMAIL Address

BLK 471C FERNVALE STREET

#15-71

Postcode

793471

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)

2

involved in the accident

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

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 \* TYPE OF ACCIDENT :- 3P REVERSED

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

125

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJW4330G

Vehicle Make/Model/Colour

VOLKSWAGEN

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

.....

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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:
  - 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:

Olivia Wendy

Reporting Centre Personnel's Signature Name:

NRIC/FIN NO.: 1 3 FEB 2019

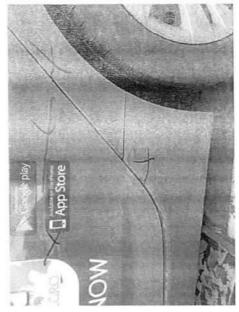
GIARI4C SketchPlanForm V3

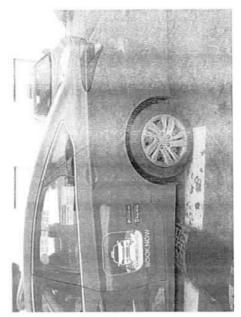
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ESCRIBE CIRCUMSTANCES OF		
Statemenst	as per atte	achool-
J-1101 101 51	7	(1)
		9.2
		101-101-101
ECLARATION		
We declare the foregoing particular	s are true in every respect	920
MFORT TRANSPORTATION P	TELTO A	vendy
CO. REG. NO. 1993038211	( W	11/
alle halded glood		UN'()
olicyholder's Signature late & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature  Name:
	Date & Time:	Name: NRIC/FIN NOD 3 FEB 2019

## Sketch Plan Pg. 3

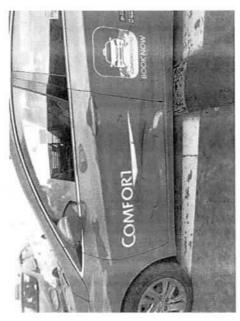
Describe Circumstances of the	ie Accident.	
On the 03/02/2019 at about	01:30 hrs, I was driving at Cheng San Mark	et & Cooked Food
Centre at Ang Mo Kio Ave 10		
I was behind vehicle SJW433	OG, then the vehicle stop on the side road	so I slowly turning to
RIGHT		
the : <li>direction. Suddenly to</li>	here's an impact from my left side and fou	and out vehicle
SJW4330G had reversing and	d collided onto my left centre portion of m	y taxi.
No passenger on board my t	axi.	
I have slight back and neck p	pain from the impact.	
Declaration		
/We declare the foregoing partice	ulars are true in our records	
, we decide the foregoing partiet	and are true in every respect.	
FORT TRANSPORTATION PTE		27
CO. REG. NO. 199303821R	LID W	Olivia Wendy
olicyholder's Signature/Date &	Driver's Signatural II driver is not the policy holder Vis	(
ime	Driver's Signature(If driver is not the policyholder)/Date & Time	Witnessed by Reporting Centre Personnel

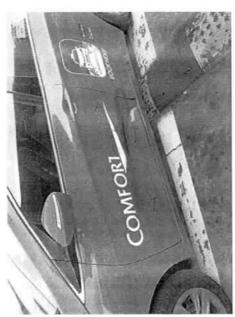






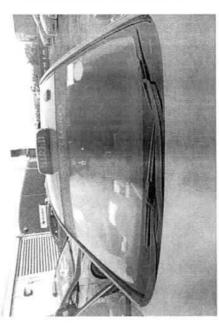












# **OMFORTDELGRO** ENGINEERING

mamber of COMFORTDELGRO

adgement Slip

Service Advisor

SH 8534G

urned to Service Reception upon collection

LKE

Signature/Date

Date/Time: 04.02.2019 10:11 Page : 1

JOB CARD ARC Repair TP(CLSO)1 Sales Order: JC NO.: 305265902 Team: MILEAGE MER REGN NO.: SH 8534G COMFORT TRANSPORTATION PTE LTD FUEL MAKE: 7010045 HYUNDAI MER NO. E.....1/2.... 383 SIN MING DRIVE DATE/TIME IN 03.02.2019 09:20 MODEL Singapore SINGAPORE 575717 I - 40YR OF MANU. 24.03.2016 65508755 TARGET DATE (R) TokroMarine COMPLETION DATE/TIME: KMHLB41UMGU085849 UNT CARD NO. JOB DESCRIPTION Accident Date: 03.02.2019 NATURE: 3P 03.02.2019/B FRONT S/NO LABOR CODE DESCRIPTION REAR (ED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR

Exit Pass

Vehicle No.:

Name of Service Advisor

To be kept by Security Guard

SH 8534G

## REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 04 Feb 2019)

Parts:

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/SH8534G/04/02/2019 12:29

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		*FRT DOOR LH	20.00	0.00	*2,256.40 FL	106
2	1		*REAR DOOR LH	20.00		*2,201.10 FL	
3	1		*ROCKER PANEL OUTER GARNISH LH	20.00	0.00	*341.40 FL	XR.
4	1		*FRT DOOR COLOURED COMFORT LOGO LH	0.00	0.00	*75.00 F	INE
5	1		*REAR DOOR COMFORTDELGRO & APPS STICKER LH	0.00	0.00	*80.00 F	/NB
6	1		*REAR BUMPER RUBBER MAT	0.00	0.00	*50.00 F	INE
F=Fra	anchise	part. L=ListIt	emDisc.				
			Sub Total (S\$)			5,003.90	
			- List Item Discount on L Items (S\$)			959.78	
			Total Parts (S\$)			4,044.12	

ComfortDelGro Engineering Pte Ltd/SH8534G/04/02/2019 12:29. Not valid without Reference section. Generated using Merimen e-Claims IEAS

Annual Control of the		
	B 4' 11	1.6
Ectimates of		ic itome
L SIIIII I I I I I I I I I I I I I I I I	n Miscellaneo	us Itellis

No	Qty	Particulars		Amount
Mis 1	cellan 1	eous Items OD/TP Case (Insurer)		10.00
			Sub Total (S\$)	10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labo	our Items		
1	PANEL BEATING	New	800.00
2	SPRAY PAINTING CHARGE	New	1,250.00 800
3	TUFF KOTE	New	50.00
4	TRANSFER OF FRT DOOR LH	New	100.00-50
5	TRANSFER OF REAR DOOR LH	New	100.00 50
		Gross Labour Cost (S\$)	2,300.00

ComfortDelGro Engineering Pte Ltd/SH8534G/04/02/2019 12:29. Not valid without Reference section. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

712/19 1615

REFORE PAINT 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 Prejudios" 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:

## COMFORTDELGRO ENGINEERING

ur J	ob Ref	140 .	305265	120000			and contain the property of the second state o
25.02.2019		019		59 Loyar	DelGro Engineering Pte Ltd ng Drive Singapore 50896		
IAI	LIZATI	ON FOI	RM	4		Fax: 654	6 8156
	:		LKH	<		Fax:	
tn	:		N/	AZ			
hic	le Reg	No.	: SH 8534G		Date	of Accident:	03.02.2019
ie s	survev a	and esti	mates of the repair	rs of the above-me	entioned vehicle are	e as follows:-	
					KIO MARINE		SJW4330G
			b shall bill to:	101	NO MAKINE		334443303
	DATE:	iti i i i i i i i i i i i i i i i i i i	amount shall be:				
	(a)	Dest IA. He	Parts after List dis	scount			\$3,994.12
	(b)	Labou	r Charges				\$1,810.00
		Total	for Part-By-Part	Repair Cost			\$5,804.12
	(c.)	Lumn	sum Repair (if app	licable)		6	
	(0.)		for Lumpsum repa		20%	45	\$0.00
			Lumpsum Repai				\$0.00
	We s	shall tre		ount as Correct	and Confirmed if	e confirm the es	
	We s	shall tre	eat the above am	ount as Correct	and Confirmed if	there is no rep	
	We s	shall tre	eat the above am	ount as Correct	and Confirmed if We	there is no repectation of the establishment of the	timates and
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	We s 7 wo Than	shall tree orking d nk you for ature :	eat the above ame lays or your assistance	ount as Correct	and Confirmed if  We fine	there is no repector of the confirm the estalized amount	timates and
	We s 7 wo Than Sign	shall tre orking d nk you for ature :	LIM KWOK ENG	ount as Correct	and Confirmed if We find	e confirm the esalized amount  gnature :	timates and
or	We s 7 wo Than Sign Nam Tel Fax	shall tre orking d nk you for ature :	LIM KWOK ENG 62148355 65468156	ount as Correct	and Confirmed if We find	e confirm the esalized amount  gnature :	timates and
	We s 7 wo Than Sign Nam Tel Fax	shall tree rking dank you for ature:	LIM KWOK ENG 62148355 65468156	ount as Correct	and Confirmed if We find	e confirm the esalized amount  gnature :	timates and
or	We s 7 wo Than Sign Nam Tel Fax Officia	shall tree crking donk you for ature:	LIM KWOK ENG 62148355 65468156	ount as Correct	and Confirmed if  We find  Signature  Note: The confirmed if the confirmed in the confirmed	there is no repetition of the establishment of the	timates and  HALLKIC (2(19)
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or	We s 7 wo Than Sign Nam Tel Fax Officia Rental I Loss of Survey LTA Se Medica	shall tree orking donk you for ature:  ature:  it litem  Rate P/I  Income Fees earch Fe	LIM KWOK ENG 62148355 65468156  Only  Day Paid	Amount	and Confirmed if  We fin:  Sig  Na  Da  Document  Attached  Yes or No  YES	there is no repetition of the establishment of the	H 192 LYK 1/2/19

## REPAIR DETAILS

## Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 04 Feb 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/SH8534G/04/02/2019 12:29

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

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1	1		*FRT DOOR LH	2	0.00	0.00	*2,256.40 FL	DEF
2	1		*REAR DOOR LH	2	0.00		*2,201.10FL	
3	1		*ROCKER PANEL OUTER GARNISH LH	Part taken 2	0.00	0.00		XRV
4	1		*FRT DOOR COLOURED COMFORT LOGO LH		0.00	0.00		INBC
5	1		*REAR DOOR COMFORTDELGRO & APPS STICK	ER LH	0.00	0.00		/NEC
6	1		*REAR BUMPER RUBBER MAT		0.00	0.00	*50.00 F	INF.
F=Fra	anchise	part. L=ListIte	emDisc.					20
			St	ub Total (S\$)			5,003.90	
			- List Item Discount on	L Items (S\$)			959.78	
			Tot	al Parts (S\$)			4,044.12	5

ComfortDelGro Engineering Pte Ltd/SH8534G/04/02/2019 12:29. Not valid without Reference section. Generated using Merimen e-Claims IEAS

Estimates on	Miscellaneous	Items
--------------	---------------	-------

No	Qty	Particulars		Amount
Mis	cellar	neous Items		
1	1	OD/TP Case (Insurer)		10.00
			Sub Total (S\$)	10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Lab	our Items		
1	PANEL BEATING	New	800.00
2	SPRAY PAINTING CHARGE	New	1,250:00 800
3	TUFF KOTE	New	50.00
4	TRANSFER OF FRT DOOR LH	New	100.00-50
5	TRANSFER OF REAR DOOR LH	New	100.00-50
		Gross Labour Cost (S\$)	2,300.00

ComfortDelGro Engineering Pte Ltd/SH8534G/04/02/2019 12:29. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

NAZ LKK 712/19 1615 P1P 4 DAYS

BEFORE PAINT PHOTOS -

#### COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.02.2019 Time: 17:20:58

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

REGN NO : 305265902
REGN NO : SH 8534G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : L40

DATE OF REGN : 24.03.2016 DATE/TIME IN : 03.02.2019 09:20 ACCIDENT DATE : 03.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

#### PART REQUISITION

0003 04-01-0103-0813-G I40VC MOULDING ASSY-SIDE 1 L 341.40 20.00 273.12

0004 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 1 N 75.00 2.00- 75.00

0005 28-01-0103-2013-A I40V3 APP LOGO REAR DOOR 1 N 80.00 0.20 80.00

SUB-TOTAL : 3,994.12

50.00

#### JOB NATURE

0005 20-02

0000 L	REAR BUMPER MAT	50.00
0001 L	MERIMEN CHARGE	10.00
0002 L	PANEL BEATING	800.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	800.00
0004 20-00	TUFF COAT ON AFFECTED PARTS.	50.00

TRANSFER OF FRT DOOR LH

#### COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.02.2019 Time: 17:20:58

REPAIR ESTIMATE

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305265902

REGN NO MILEAGE : SH 8534G : 0000000000

MAKE

: HYUNDAI

MODEL

: I-40

DATE OF REGN

: 24.03.2016 : 03.02.2019 09:20

DATE/TIME IN

ACCIDENT DATE : 03.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0006 20-02

TRANSFER OF REAR DOOR LH

50.00

SUB-TOTAL : 1,810.00

TOTAL : 5,804.12

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

DATE:

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

LAIM SUB	FOLDER TRAC	KING						
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	04 Feb 2019 Sendback Est	04 Feb 2019 12:29 <b>\$\$6,354.12</b>	07 Feb 2019 16:10 Edit Adj Rpt	S\$5,804.12 Edit Estimates	S\$5,804.12 View Rpt		Pending for Survey Report Cancel Case	
	Main	Ref	erence	Claim Deta	ils	Documents	Show All	
CLAIM SU	BFOLDER DET	AILS						
Insured:	ARB TRANS	& SERVICES PT	E. LTD., Co. Reg.	No.: 201502817Z				
Main Claimant:	COMFORT	TRANSPORTATIO	N PTE LTD, Co. F	Reg. No.: 19930382				
Vehicle Reg No.:	SH8534G Date of Loss: [34 Months and 10 Days From LTA Reg Date (					TA Reg Date (Man Yr)]		
Claim Type	pe: <b>TP</b> / M1900731 Policy/Cover Note No.: M3000073 (Comprehensive) Coverage: 11/01/2019 - 10/01/2020					2020		
Vehicle Reg No. (Insured):	SJW4330G			Policy No (Claiman				
				Excess:	S\$2,000.00			
Repairer:	ComfortDe	IGro Engineering	Pte Ltd (Loyang)	59 Loyang Drive, 5	08969 Loyang - T	el: 6214 8300		
Handling Insurer:						n Senthilan so Selv		
Adjuster:	18/02/201		td (HQ) - Tel: 6256	-3561 [Handled	by Muhammad I	Nazril Bin Abdullah	] [Final Rpt due	
Adj Asg. Remarks:	OUR INSD H	IAVE NOT REPORT	THE ACCIDENT.					
ASSOCIA	TED MAIL REC	EIVED				View A	Compose Case Mail	
There are r	no mail for this c	ase.						
ALL ASSO	CIATED TASK	(S <sup>□</sup>			View All S	earch Tasks Creat	e New Task Complete	
Due Dat		Type Task 0	iroup Subject	Handler As	ssigned By	Completed On	Created On Done	

### **Claim Documents**

SH8534G (M1900731)
[SJW4330G]
TP
COMFORT TRANSPORTATION PTE LTD
Feb 3 2019 12:00AM
[ARB TRANS & SERVICES PTE. LTD.]
ComfortDelGro Engineering Pte Ltd

_		load Photos Compose New Letter		- parties	-
Ass	essment Reports		1 per p		✓
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	04/02/19 12:29	Repairer Estimates	0	Load HTM	
Pho	tos/Images		3 per p	page 🔻	<b>▼</b>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	11/02/19 09:39	General View	0	Load JPG	✓
2	11/02/19 09:39	General View	0	Load JPG	✓
3	11/02/19 09:39	General View	0	Load JPG	V
4	11/02/19 09:39	General View	0	Load JPG	V
5	11/02/19 09:39	General View	0	Load JPG	✓
6	11/02/19 09:39	General View	Ø	Load JPG	V
7	11/02/19 09:39	General View	0	Load JPG	✓
8	11/02/19 09:39	General View	0	Load JPG	V
9	11/02/19 09:39	General View	0	Load JPG	₹
10	11/02/19 09:39	General View	0	Load JPG	<b>V</b>
11	11/02/19 09:39	General View	0	Load JPG	V
12	11/02/19 09:39	General View	O	Load JPG	~
13	01/03/19 10:28	Reinspection Photo	0	Load JPG	V
14	01/03/19 10:28	Reinspection Photo	0	Load JPG	~
15	01/03/19 10:28	Reinspection Photo	O	Load JPG	✓
16	01/03/19 10:28	Reinspection Photo	0	Load JPG	✓
17	01/03/19 10:28	Reinspection Photo	Ð	Load JPG	<b>✓</b>
18	01/03/19 10:28	Reinspection Photo	Ð	Load JPG	V
19	01/03/19 10:28	Reinspection Photo	0	Load JPG	✓
Doc	cumentation		1 per	page 🔻	V
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	04/02/19 12:31	E-filed GIA report	0	Load PDF	

## **Documents Checklist**

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			,

Show Remarks To:	Repairer  Handling Insurer	
Note: Remarks are private unle	ss 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/TMI19002209/NSD3E2

Date:

04/03/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MJ000073

Claimant Vehicle SH8534G

Insured Vehicle No:

SJW4330G

No: Date of Loss:

03/02/2019

Nature of Claim:

TP

Claim No: M1900731

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SH8534G

Make & Model:

HYUNDAI 140, 1.7 D CRDi (A)

Engine No:

D4FDFU597042

Reg. Date:

24/03/2016 (Man. Year: 2015)

Chassis No: Odometer:

KMHLB41UMGU085849 443202 km

Colour:

1685 cc **Engine Capacity:** 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): Good

Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes Good

Handbrake (Serviceable):

CONDITION OF TYRES Front Tyre Size:

215/60 R16

Yes

Rear Tyre Size:

215/60 R16

Front Left Side: Front Right Side: CST 5 mm CST 5 mm Rear Left Side: Rear Right Side:

CST 6 mm CST 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
Parts		4,044.12	4,044.12	0.00	0.00
Miscellaneous Items		10.00	10.00	0.00	0.00
Labour		2,300.00	1,750.00	550.00	23.91
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Gross Total (S\$)	6,354.12	5,804.12	550.00	8.66
	+ GST 7.00/7.00% (S\$)	444.79	406.29	38.50	8.66
	Nett Amount (S\$)	6,798.91	6,210.41	588.50	8.66

INSPECTION

Date of Assignment:

07/02/2019 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

07/02/2019 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:

Hiew May Fung

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

Referen	ce	
Part Source	MRM-SG	Version: 1.0 (Last Synchronised: 04 Mar 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 SH8534G)
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, numbers with the END OF ESTIMATES marker on the last estimate page		es are valid only if they contain the print code (above) on all estimate pages, running page the END OF ESTIMATES marker on the last estimate page
Further Info	Items/values n	not in reference catalogue are prefixed with an asterisk *.

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT DOOR LH	Deformed	2,256.40 FL	*2,256.40 FL
2	1		*REAR DOOR LH	Deformed	2,201.10 FL	*2,201.10 FL
3	1		*ROCKER PANEL OUTER GARNISH LH	Cracked	341.40 FL	*341.40 FL
4	1		*FRT DOOR COLOURED COMFORT LOGO LH	Necessary	75.00 F	*75.00 F
5	1		*REAR DOOR COMFORTDELGRO & APPS STICKER LH	Necessary	80.00 F	*80.00 F
6	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 F	*50.00 F
F=Fr	anchise	part. L=Listi		Sub Total (S\$) 00/20.00% (S\$)	<b>5,003.90</b> 959.78	<b>5,003.90</b> 959.78

# Recommended Miscellaneous Items

No	Qty	Particulars		Repairer's	Amount
Mis	cella	neous Items		10 00	
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
Lab	our Items			
1	PANEL BEATING	New	800.00	800.00
2	SPRAY PAINTING CHARGE	New	1,250.00	800.00
3	TUFF KOTE	New	50.00	50.00
4	TRANSFER OF FRT DOOR LH	New	100.00	50.00
5	TRANSFER OF REAR DOOR LH	New	100.00	50.00
		Gross Labour Cost (S\$)	2,300.00	1,750.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >

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)

Singapore

C.Ke

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

03/02/2019

Policy No: Vehicle Reg. No.:

SH8534G

Date of Loss: Driveable?

YES

Party At Fault:

UNKNOWN

Vehicle Reg.

24/03/2016

Make/Model:

HYUNDAI 140, 1.7 D CRDI (A)

Date:

- 1/00/2010

Vehicle Colour:

BLUE

0 KM

Gen Condition:

GOOD

Engine No: Odometer: D4FDFU597042

Chassis No:

KMHLB41UMGU085849

Paint Type: List Item Discount:

20.00 %

Total Loss?

**NO** 5

Est. Duration of

Repair (day)

Present Location:

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS Parts Miscellaneous Items		Amount 4,044.12 10.00
Labour		2,300.00
Paintwork Labour		0.00
Towing		. 0.00
	Gross Total (S\$)	6,354.12
	+ GST 7.00% (S\$)	444.79
	Nett Amount (S\$)	6,798.91

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System