ASS. REC. BY:	I	CEP: eslmson	9003461 /DH	d302 Special I	nitruction:		
MMML	M) .l	ASSIGN	MENT (Office)			5/2/1900	3-10 m
From (Person)	Elaine Ngm	of	MILE	Date	Time: 2	2121000	7-4901
Estimated Cos	Ľ		Bill to:				-
OD TP WS To Inspect Vel	TTP RES / OD RES	PAC 83		Insured:	GBH	98755	
at Workshop n		Chunni M		Tel:		15119	
	10 # 01-05	AMK A	up point				
	29090793		Claim No:	585	850		
Sum Insured:			Excess: _				
Make of Veh:				D.C).A. 22	12/19	
(Client's Record) REP. / REV 24 HI	lup			.O.D. Endorseme	at-	
	11.54am@25 2 1		ed: Jnn		-		
Date/Time	Action/Instruction	- Estim	ate				
	84082414-		1	1392	Do	A: 26/12/	2
	GBH 98758-	*		1 -			
28/12-	REMED VI	a Meym	en pveli o	lance.			
		VI CITIC			-		
							-

	24/12/2/2/2016	
The state of	The state of the s	
BALL BY	ICPS NILLS	

	SHC8241H WERDEN 2015 March
From Dale,	Type M.Car / M.Cycle / Bus / Van / Lorry / (200) Prime Mover /
Estimated Cost	Truck / Trailer or
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Make Hyundai I40 as 1685
To the pred Vehicle No.	Colour Blue A/C Insured / Still / NE/NA
at Workshop m/s	
[0]	347685
historial con-	Land Child Later 1012
Policy No.	Gen. Cond Cool Fair / Poor / Burnt
Claima No.	
Sum Insured: Excess:	Steering: In Corpor / Jammed / Leaked / Durnt or
(Client's Record)	Brake: Introde / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (III) S/Rim / STD A/Rim or
	Tyre Size: F: 205 60 7.4
(Policy Condition)	R: - 11 -
Remark The yeh had commenced its . N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO OF Tenkoole
Bal, or Market Value:	Front & Rear
IDAG Accident Rport. Consistent? : Yes or No	R/Bal.' \$ mm R/Bal. \$ mm
GIA / PR Seen . Gonsistent? : Yes or No	L/Bal. \$\ mm \ L/Bal \ \$\ mm
를 잃었다면 없는 사람들이 있는 사람들이 되었다면 하는데 보고 있다면 없는데 얼마를 받는데 되었다면 하는데 없었다. 나는데 10년 전략을 받는데 없는데 10년 전략을 받는데 10년 전략을 받는데 1	D.O.A. 22/02/2019 D.O.I 26/02/2019
Est Repairs	25/05/1014
	Survey held at Chunni Amk
Lum Sum: 20 % 3 Val.: Yes or No	
Lum Sum: 20 % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Lum Sum: 20 % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftep or
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time: Action / Instruction	Survey held at Chunni Amc Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rea 0 8
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted:	Survey held at Chunni Amc Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rea 0 8
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753	Survey held at Chunni AMX Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rew O/S The U/C / Ghassis Trame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753 29 3 19 Jrmm 215 94501- ~	Survey held at Chunni AMX Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rew O/S The U/C / Ghassis Trame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753	Survey held at Chunni AMX Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rew O/S The U/C / Ghassis Trame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Fime: Action / Instruction MSIG GBH 98753 291319 Jumn 215 94501 (Red: G391.744240%)	Survey held at Chunni Amx Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear 0/8 The U/C / Ghassis Trame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753 29 3 19 Jrmm 215 94501- ~	Survey held at Chunni Amx Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear 0/8 The U/C / Ghassis Trame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Fime: Action / Instruction MSIG GBH 98753 291319 Jumn 215 94501 (Red: G391.744240%)	Survey held at Chunni Amx Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear 0/8 The U/C / Ghassis Trame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753 29/3/19 Jrwww 2/5 94501- ~ (Red: G301.7442.40%) RECEIV	Survey held at Chunni Amk Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rea 0/8 The U/C / Chassis Trame / Body Structure affected due to collision. AL 9 days of Manages (ED 0 1 APR 2019 / 29/3/2019)
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753 29 03 19 Jrann 215 94501- (Ced: G391-741-40%) RECEIV	Survey held at Chunni Amk Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rea 0/8 The U/C / Ghassis Trame / Body Structure affected due to collision. The Q days of Repair: Days Of Repair:
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753 29 99 919 / Prof. 40 % RECEIV	Survey held at Chunni Amk Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rea 0/8 The U/C / Chassis Trame / Body Structure affected due to collision. AL 9 days of Manages (ED 0 1 APR 2019 / 29/3/2019)
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753 29 9901- (Red: G391.741.40%) RECEIV Diptertime: File Pass for Profit. Report 129 13 Typist Final Report	Survey held at Chunni Amc Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rew 0 8 The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision.
Lum Sum: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: Date / Time: Action / Instruction MSIG GBH 98753 29 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Survey held at Chunni Amc Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftep or Rew 0 8 The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision. The U/C / Ghassls Trame / Body Structure affected due to collision.
Linn Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN/OUT Date Person Contacted: Vale / Time Action / Instruction NSIG GBH 98753 39[3](9 Jrwww 1/S 94501- CRed: G301-741, 40%) RECEIV Date/Time File Pass to? 129/3749/St Final Report Calcyline File Redum to? Add Fee	Survey held at Chunni Amk Des. of Doinages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rew 0 9 The U/C / Chassis frame / Body Structure affected due to collision. All 9 days of Park 2019 Days Of Repair: 9 Resurvey No. of Trip: 2 Survey Fee: 200 Transportation Stress St Stress Stress St Str
Lum Som: 20 % 3 Val.: Yes or No GA / REV / REP. / 24 HRS Vehicle: IN/OUT Date Person Contacted: Date / Time Action / Instruction MSIG GBH 98753 29 03 19 Jrwww 215 94501- (Ced: G301.74440%) RECEIV Distortine: File Pass to? Preli. Report Date/Line: File Resulting to?	Survey held at Chunni Amc Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rew 0 3 The U/C / Chassis frame / Body Structure affected due to collision. AL 9 days of Part 2019 Days Of Repair: Pays Of Repair: Site Insp (\$ 100 pt 100

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

CLAIM SU	BFOLDER TRACKIN	G						
Case	No.	Su II	Acj Bpt	Adj Sub	mitted	Ins Auth'ed	Status	
Main	22 Feb 2019	25 Feb 2019 09:49 Assign				The Paul Ed		ignment ase
AND COLUMN	Ma	Reference	Claim	Details		Documen	nts	Show All
CLAIM St Insured: Main Claimant:		S SING PTE LTD, Co. Reg. N NSPORTATION PTE LTD,		2039319	[Create	ed by insurer]		
Vehicle Reg	9. SHC8241H			of Loss:	22/02/2 [46 Mon	019 07:00 - :59 oths and 27 Days F	From LTA Dog	D-1- (V
Claim Type	:: TP / 585850			y/Cover No.:	2909079	93		Date (Man Yr)]
Vehicle Reg No. (Insured):	GBH9875S		Police	y No. mant):	Coverag	e: 01/09/2018 - 3	1/08/2019	
Repairer:	Chunni Motor W	Inch Din Ltd. A. L. (US) n	Exce	ss:				
Handling Insurer:	MSIG Insurance	Vork Pte Ltd - Amk (HQ) B e (Singapore) Pte. Ltd. (H	Q) - Tel: +65 6827	7888	oint, 568 [Handled	047 Ang Mo Kio - by Elaine Ngu Si	Tel: 6483601	6 25401
Adjuster:	LKK Auto Const	iliants Pte Ltd (HQ) - Tel:	6256-3561 [Im	m.Advi	ce due	26/02/20191		7 2340]
Adj Asg. Remarks:	O: Goldbell, TP o	thooses IHS. Liability unclear	OI non reporting.	Contact (Details: M	Is Lynn / Ms Irene	@ 65425119	/ 65427162.
ASSOCIAT	TED MAIL RECEIVE							
There are n	o mail for this case.						View All C	ompose Case Mail
	CIATED TASKS				View Al	Search Tasks	Create New	Task Complete
Due Date No results.	e y Yrp	sk to oup Sampe	ect Handler	Assigne	ed By	Completed On		

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:

Elaine Ngu Siau Mei

28 Feb 2019 Date:

Preliminary Advice

Insured Vehicle No : GBH9875S

TP Vehicle No

: SHC8241H

Accident Date

: 22/02/2019

Make

: HYUNDAI 140

Assignment Date

: 25/02/2019

Date of Inspection

: 26/02/2019

Est. Duration of Repair

: 9.00

Inspection At

: CHUNNI MOTOR WORK PTE LTD - AMK (HQ)

BLK 10 #01-05/06, AMK AUTOPOINT

SINGAPORE 568047

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	15,841.74
Revised Amount	:S\$	11,779.24
Check Items (Estimated)	:S\$	0.00
Total	:S\$	11,779.24

:S\$ Lump Sum Repair

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.

MCD619024820 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 22/02/2019 10:28 SUBMITTED BY: Catherine Por May Juan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

aforesald.	900 90 Keel 30 050
	ACCIDENT STATEMENT
Date Of Report	22/02/2019 10:28
Date Of Accident	22/02/2019 07:35
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8241H
Incured/Policipolder	
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 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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	**************************************
Driver	THE COURSE OF TH
	POH KONG HOCK
NRIC No	S1556405I
Dato Of Birth	06/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97236058
Fax Number	
Contact Number	
20002170117	7722777

NOEMAIL

Address 769 #05-193 EDOK RESERVOIR VIEW

Postcode 470769

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - TAXI DRIVER

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

Was any injured conveyed to hospital by

ambulance?

YES NO

YES

NO

3

Was any other material or proporty damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

: -

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

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 Vehicle Make/Model/Colour

GBH9875S

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

P THAGARAJA

NRIC/Passport Number

S9629713J

Contact Number

82987357

Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

PASSENGER

Approximate Age

Injuries Sustain

FACE

Injured person in which vehicle?

SHC8241H

Were seat bolts wom?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

- 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)
 - (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 enquirles 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

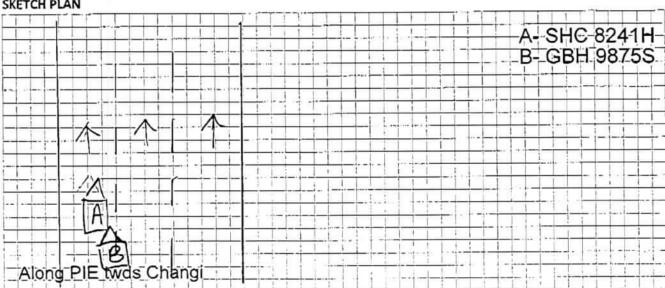
Reporting Centre Personnel's Signature

1

Policyholder's Signature Date & Time:

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

Date & Time: 22.02.2019@0800HRS NRIC/FIN No.: June



DECORRE CIRCUNACTANICES OF THE ACCIDENT

DESCRIBE CIRCUMS IF	RINCES OF THE RECIDENT
On 22.02.2019	@ 0735HRS I was travelling along PIE twds Changi
with 2 female	passenger onboard.
As I was trave	lling straight and suddenly VEH(B) GBH 9875S hit onto my rear
right portion of	
I have compan	ny video and photos at scene to support my claims .
One female pa	ssenger felt pain on the face after the accident.
Veh(B) GBH 98	875S MR P Thiagaraja S 9629713J

DECLARATION

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

:)MFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22.02.2019@0800HRS NRIC/FIN No.: June

Reporting Centre Personnel's Signature

Name:

. CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8241H :

MAKE MODEL

: HYUNDAI i40

10 Survey

DATE : 22.02.2019

TEL : 6542 5119

FAX : 6542 6039 MSIG

MODEL	. HI CRUALING	FAA	. 0342 0039	WIGIG	7
Qty	Parts Description/ Labour	Type	Unit Price	Amount	_
	Boot Lid 14			\$ 2,174.90	1
	Boot Lid Rubber defined			\$ 96.50	1
	Boot Lid Lock Upper 1/4			\$ 102.60	1
	Boot Lid Lock Lower			\$ 31.70	11.50
	Boot Lid 'H' Emblem Flee			\$ 28.70	100
	Boot Lid CRDI Plate here			\$ 27.90	
	Boot Lid Lamp (RH) broke			\$ 565.60	10
	Boot Lid Trimboard			\$ 116.40	
	Boot Lid Trimboard Clips (10pcs) LIM			S 11.00	
	Bootlid Moulding MM			S 85.00	1000
	Bootlid i40 Emblem WH			\$ 27.90	100,5
	Bootlid Lower Garnish HN			\$ 227.90	×
	Rear Bumper broke			\$ 553.00	
	Rear Bumper Reinforcement Crack		1	\$ 428.40	1
	Rear Bumper Reinforcement Bracket (LH/RH) 0 \$ 4	4 N/SN	us (80.30))s 160.60	سا
	Rear Bumper Clip 10 pcs LLL			\$ 22.00	_
	Rear Bumper Bracket, RH broken			\$ 35.60	<u></u>
	Rear Bumper Sponge Hu			\$ 118.40	×
	Rear Bumper Under Cover HN	}		S 228.00	
	Tail Lamp (RH) broke			\$ 697.80	-
	Tail Lamp Quarter Panel (RH) ≠+			\$ 226.50	-
	Rear Panel Dean			S 526.70	-
	Rear Panel Garnish WLI		1	S 57.70	×
	Rear Panel Lower Panel Dank			S 495.50	-
	Exhaust Pipe Insulator, RH HH			S 58.55	X
	Exhaust Silencer,RH 15+ Phone			S 967.70	-
	Exhaust Pipe Hanger, RH			\$ 58.55	×
	Exhaust Pipe Centre - La			\$ 730.10	X
	Rear Fender With Housing (RH) Decel			\$ 4,736.80	-
1	Rear Fender Inner Lining (RH) No.			\$ 169.30	×
	Rear Tray Lugg Side (RH) Hall		11983.55	\$ 39.10	×
	Rear Fender Air-Duct Min		11983.55	\$ 51.60	X
	Rear Fender Trim Board (RH)		9586.04	\$ 188.75	1
	Rear Windscreen Moulding hke			\$ 28.30	-
	1	}			
	SUB TOTAL			\$ 14,075.05	
}	LESS 20%			\$ 2,815.01	The second second
ì	DISCOUNTED TOTAL			\$ 11,260.04	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett
	Rear Bumper Reverse Sensor HA			\$ 135.70	Nett X
	Rear Bumper Advertisement Logo		376.00		Nett
	Rear Bumper Rubber Mat hue		7,0	\$ 50.00	Nett -
	Rear Fender Advertisement Logo (LH/RH) whee		\$ 100.00	\$ 200.00	Nett -
1	Rear Windscreen Sealant			The state of the s	Nett —
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Qty	Parts Description/ Labour	Type	Unit Price	F	Amount	
	Labour Charge					
	Panel Beating			\$	1,600.00	6
	Spray Painting Charge			S	1.250,00	7
	Wiring Charge		1	S	50.00	
				1 3		3
	Tuff Kote			S	100.00	L
	Remove/Refix Cushion & Upholstery Rear			\$	150.00	1
	Remove/Refix Rear Windscreen Glass			S	120.00	1
	Remove/Refix Reverse Sensor		1890.00	S	120.00	١,
	Remove/Refix Exhaust Pipe		10 10	S	200.00	1
	Diagnostic & Resetting To Erase Fault Code			S	480.00	,
	Diagnostic & Resetting to Erase Pauli Code			3	400.00	1
	Sm TOTAL LABOUR			\$	4,070.00	1
	TOTAL LABOUR			3	4,070.00	1
	Johns. V			_		1
	ESTIMATE TOTAL			\$	15,841.74]
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	LKK Auto Consultants	nence notify		1		l
	the Repairer of the follo	wing:		1		l
	To resurvey before/after sp To display damaged part(s	ray painting	1.			l
	Parts prices are subject to	confirmation	7			l
	Third party survey is on a **	Without Prejuc	fce" basis			l
	 No illegal modification(s) is 	allowed				l
	 Supplementary item(s) mu 	t be resurvey	ed and			ı
	is subject to final approval	rom insurance	Company			
	Acknowledged by Repairer					1
	Signature:					
	Date:					1
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		1				
	This is an initial estimate based on a visual inspection of the	ne above ve	chicle. The final repair	qua	ntum will	
	be prepared after the vehicle is surveyed by a motor Surve					1

Merimen e-Claims

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

Page 1 of 1

AIM SUB	FOLDER TRA	CKING						
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submit	ted Ins Auth'ed	Status	
Main	22 Feb 2019		25 Feb 2019 09:49 Edit Adj Rpt	S\$9,450.00 Edit Estimates	S\$9,450.0 View Rpt]	Pending for Report Cancel Car	2000 and 1000 and 100
	Main	R	eference	Claim De	tails	Documen	nts	Show All
CLAIM SU	JBFOLDER DE	TAILS			[Crea	ited by insurer]		
Insured:	GOLDBEL	L LEASING PTE	LTD, Co. Reg. No.:	199001196N				
Main Claimant:	COMFORT	TRANSPORTAT	ION PTE LTD, Co	. Reg. No.: 199303	821R			
Vehicle Reg No.:	SHC8241H Date of Loss: [46 Months and 27 Days From LTA Reg Date (Mai				e (Man Yr)]			
Claim Type	e: TP / 585850 Policy/Cover 29090793 Coverage: 01/09/2018 - 31/08/2019							
Vehicle Reg No. (Insured):	д. GBH9875	s		Policy I (Claims	2000			
				Excess				
Repairer:	Chunni M	otor Work Pte L	td - Amk (HQ) Blk	10 #01-05/06, AM	Autopoint, 56	58047 Ang Mo Kio - T	Tel: 64836016	
Handling Insurer:	MSIG Ins	urance (Singapo	ore) Pte. Ltd. (HQ)	- Tel: +65 6827 78	888 [Handle	ed by Elaine Ngu Sia	au Mei - 6594 25	40]
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Handle	d by BRYAN	TANI] [Final R	pt due 27/03/2	019]
Adj Asg. Remarks:	O1: Goldbe	ell. TP chooses IH	S. Liability unclear: (OI non reporting. Co	ontact Details:	Ms Lynn / Ms Irene	@ 65425119/ 654	27162.
ASSOCIA	TED MAIL RE	CEIVED				V	/iew All Comp	ose Case Mai
There are r	no mail for this	case.						
ALL ASSO	OCIATED TAS	sks∃			View All	Search Tasks	Create New Task	Complete
Due Dat		Type Task	Group Subjec	t Handler	Assigned By	Completed O	n Created C	On Done

Claim Documents

*SHC8241H (585850)

[GBH9875S]

TP

COMFORT TRANSPORTATION PTE LTD

Feb 22 2019 7:00AM

[GOLDBELL LEASING PTE LTD]

Chunni Motor Work Pte Ltd - Amk

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Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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Show Remarks To: 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/MSG19003461/DTD3E2

Date:

01/04/2019

REFERENCE

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

Policy No:

29090793

Claimant Vehicle SHC8241H

Insured Vehicle No:

GBH9875S

No: Date of Loss:

22/02/2019

Nature of Claim:

Claim No: 585850

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC8241H

Make & Model:

HYUNDAI 140, 1.7 L CRDI AT ABS AIRBAG 4DR (A) Engine No:

D4FDEU493744

Reg. Date:

26/03/2015 (Man. Year: 2015)

Chassis No:

KMHLB41UMFU067823

Colour:

Odometer:

574685 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:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

205/60 R16

Rear Tyre Size:

205/60 R16

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

The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
Parts		11,771.74	9,962.84	1,808.90	15.37
Miscellaneous Items		0.00	0.00	0.00	
Labour		4,070.00	1,890.00	2,180.00	53.56
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
Calculated G	Gross Total (S\$)	15,841.74	11,852.84	3,988.90	25.18
Approved Total (O	verridden) (S\$)		9,450.00		
	(S\$)	15,841.74	9,450.00	6,391.74	40.35
+ GST	7.00/7.00% (S\$)	1,108.92	661.50	447.42	40.35
Ne	ett Amount (S\$)	16,950.66	10,111.50	6,839.16	40.35

INSPECTION

Date of Assignment:

25/02/2019

Date Inspected:

26/02/2019 Inspected At:

Chunni Motor Work Pte Ltd - Amk (HQ)

Blk 10 #01-05/06, AMK Autopoint

Singapore 568047

Estimated Period of Repair:

9.0 days

Adjuster: BRYAN TANI 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

Referen	ce	
Part Source:	: MRM-SG	Version: 1.0 (Last Synchronised: 01 Apr 2019)
Parts:	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted	I, no print-code for SHC8241H)
Validity:		ates are valid only if they contain the print code (above) on all estimate pages, running page in 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		*BOOT LID	Bent	2,174.90 FL	*2,174.90 FL
2	1		*BOOT LID RUBBER	Deformed	96.50 FL	*96.50 FL
3	1		*BOOT LID LOCK UPPER	Bent	102.60 FL	*102.60 FL
4	1		*BOOT LID LOCK LOWER	Not Necessary	31.70 FL	*-FL
5	1		*BOOT LID H EMBLEM	Necessary	28.70 FL	*28.70 FL
6	1		*BOOT LID CRDI PLATE	Necessary	27.90 FL	*27.90 FL
7	1		*BOOT LID LAMP (RH)	Broken	565.60 FL	*565.60 FL
8	1		*BOOT LID TRIMBOARD	Not Necessary	116.40 FL	*-FL
9	10		*BOOT LID TRIMBOARD CLIPS	Not Necessary	11.00 FL	*-FL
10	1		*BOOTLID MOULDING	Not Necessary	85.00 FL	*-FL
11	1		*BOOTLID I40 EMBLEM	Not Necessary	27.90 FL	*- FL
12	1		*BOOTLID LOWER GARNISH	Not Necessary	227.90 FL	*- FL
13	1		*REAR BUMPER	Broken	553.00 FL	*553.00 FL
14	1		*REAR BUMPER REINFORCEMENT	Cracked	428.40 FL	*428.40 FL
15	1		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	O/S Bent / N/S Not Necessary	160.60 FL	*80.30 FL
16	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
17	1		*REAR BUMPER BRACKET, RH	Broken	35.60 FL	*35.60 FL
18	1		*REAR BUMPER SPONGE	Not Necessary	118.40 FL	*-FL
19	1		*REAR BUMPER UNDER COVER	Not Necessary	228.00 FL	*-FL
20	1		*TAIL LAMP (RH)	Broken	697.80 FL	*697.80 FL
21	1		*TAIL LAMP QUARTER PANEL (RH)	Bent	226.50 FL	*226.50 FL
22	1		*REAR PANEL	Dented	526.70 FL	*526.70 FL
23	1		*REAR PANEL GARNISH	Not Necessary	57.70 FL	*-FL
24	1		*REAR PANEL LOWER PANEL	Dented	495.50 FL	*495.50 FL
25	1		*EXHAUST PIPE INSULATOR, RH	Not Necessary	58.55 FL	*-FL
26	1		*EXHAUST SILENCER, RH	Bent	967.70 FL	*967.70 FL
27	1		*EXHAUST PIPE HANGER, RH	Not Necessary	58.55 FL	*-FL
28	1		*EXHAUST PIPE CENTRE	Not Necessary	730.10 FL	*-FL
29	1		*REAR FENDER WITH HOUSING (RH)	Dented	4,736.80 FL	*4,736.80 FL
30	1		*REAR FENDER INNER LINING (RH)	Not Necessary	169.30 FL	*-FL
31	1		*REAR TRAY LUGG SIDE (RH)	Not Necessary	39.10 FL	*-FL
32	1		*REAR FENDER AIR-DUCT	Not Necessary	51.60 FL	*- FL
33	1		*REAR FENDER TRIM BOARD (RH)	Bent	188.75 FL	*188.75 FL
34	1		*REAR WINDSCREEN MOULDING	Necessary	28.30 FL	
35	1		*BOOT LID COMFORT LOGO & TEL NO. STICKER	Necessary	30.00 FS	*30.00 FS
36	1		*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 FS	*-FS
37	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
			Report was unsubmitted during			

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
38	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
39	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 FS	*200.00 FS
40	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
F=Fra	anchise	part. S=S	SpcNett. L=ListItemDisc List Item Discount of	Sub Total (S\$) on L Items 20.00/20.00% (S\$)		12,359.55 2,396.71
				Total Parts (S\$)	11,771.74	9,962.84
			Report was unsubmitted du	ring this print-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	1,600.00	900.00
2	SPRAY PAINTING CHARGE	New	1,250.00	700.00
3	WIRING CHARGE	New	50.00	30.00
4	TUFF KOTE	New	100.00	40.00
5	REMOVE / REFIX CUSHION & UPHOLSTERY REAR	New	150.00	80.00
6	REMOVE / REFIX REAR WINDSCREEN GLASS	New	120.00	80.00
7	REMOVE / REFIX REVERSE SENSOR	New	120.00	0.00
8	REMOVE / REFIX EXHAUST PIPE	New	200.00	60.00
9	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
	Gross La	bour Cost (S\$)	4,070.00	1,890.00

< END OF ESTIMATES >

Report was unsubmitted during this print-out.