

REF: CS/MI19003731/KLSd3ⁿ²

Carvey's

From Person

Estimated Cost

OD / IT / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No.

at Workshop n/a

of

Policy No.

Sum Insured

Make of Veh.

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time

Person Contacted

H.O.D. Endorsement

Vehicle IN OUT

Kalin

Jeffrey Tay

ASSIGNMENT (Office)

MI

Bill to:

Date/Time 27/12/19 @ 3:52pm

SHA 866SD

Insured

FBE 8410Y

Comfortbelgo

Tel

62148306

sq loyang Drive

Mj001286

Claim No

M1901199

Excess

D.O.A

26/1/19

4:17pm @ 27/12/19

Action/Instruction () Estimate

SHA 866SD -X

FBE 8410Y -X

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Feb 2019 Sendback Est	27 Feb 2019 14:15 S\$4,761.20	27 Feb 2019 15:52 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
----------------------	---------------------------	-------------------------------	---------------------------	--------------------------

CLAIM SUBFOLDER DETAILS

Insured:	LEE CHOK SIN, ID: S0142659A		
Main Claimant:	CCPL		
Vehicle Reg. No.:	SHA8665D	Date of Loss:	26/02/2019 23:00 - :59 [25 Months and 8 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1901199	Policy/Cover Note No.:	MJ001286 (TP, Fire & Theft) Coverage: 27/09/2018 - 26/09/2019
Vehicle Reg. No. (Insured):	FBE8410Y	Policy No. (Claimant):	
		Excess:	S\$300.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 08/03/2019]		
Adj Asg. Remarks:	OUR INSD HAVE NOT RPT THE ACCIDENT.		

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.									

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	27/02/2019 11:15
Date Of Accident	26/02/2019 23:05
Exact Location Of Accident	ALONG PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8665D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	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	ONG CHYE HUAT
NRIC No	S1584587B
Date Of Birth	04/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1985
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97552189
Fax Number	
Contact Number	
Email Address	OCHYEHUAT@YAHOO.COM

Address	BLK 453 TAMPINES STREET 42 #04-200
Postcode	520453
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190227/2006

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE8410Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT

No: Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? FBE8410Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.
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. 199203821R

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: **Loke Wei Yierig**
NRIC/FIN No.:

SKETCH PLAN

SKETCH PLAN

A: SHIA 86650
B: + RE 840Y

was
was
between
Tampines
Ave 5 and
Bedok North
Ave 3

2 2 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/2019 0227/ 2006

DECLARATION

I/We declare the foregoing particulars are 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: _____

Reporting Centre Personnel's Signature
Name: Loke Wei Yeng
NRIC/FIN No.: _____



**SINGAPORE
POLICE FORCE**



T/20190227/2006

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190227/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2019 01:02		Vide Report No.: G/20190226/0188		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: ONG CHYE HUAT			Address: APT BLK 453 TAMPINES STREET 42 #04-200 SINGAPORE 520453		
ID Type / ID No.: NRIC NO / S1584587B			Contact No.: Home/Office: Mobile: 97552189		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 04/04/1963	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/02/2019 23:05	Type of Location: EXPRESSWAY
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY TUAS ROAD ALONG PIE TOWARDS TUAS, BETWEEN TAMPINES AVE 5 AND BEDOK NORTH AVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8410Y	Motorcycle				Slightly Damaged	0
SHA8665D	Car				Slightly Damaged	1



SINGAPORE
POLICE FORCE



T/20190227/2006

2 of 3

Report No. T/20190227/2006

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Brief Details.

On 26/02/2019, at about 2305hrs, I was driving (SHA8665D) on the most left lane of PIE towards Tuas (between Tampines Ave 5 and Bedok North Ave 3). I had a passenger in my vehicle.

The traffic condition was moderate and weather was clear. There was a Citycab in front of mine was slowing down and as such, I slowed down as well.

Suddenly, I felt an impact from the rear and realized that a motorcyclist (FBE8410Y) had hit onto my vehicle. Traffic police (G/20190226/0188) and ambulance were at scene and the motorcyclist was conveyed to the hospital conscious. Both my passenger and I were not injured.

There is built in camera installed at the front portion of my vehicle, and the SD card has been seized by the traffic police officer. I was informed to lodge a traffic accident report under IO Syed Muhd, Tel: 65476090.



**SINGAPORE
POLICE FORCE**



T/20190227/2006

3 of 3

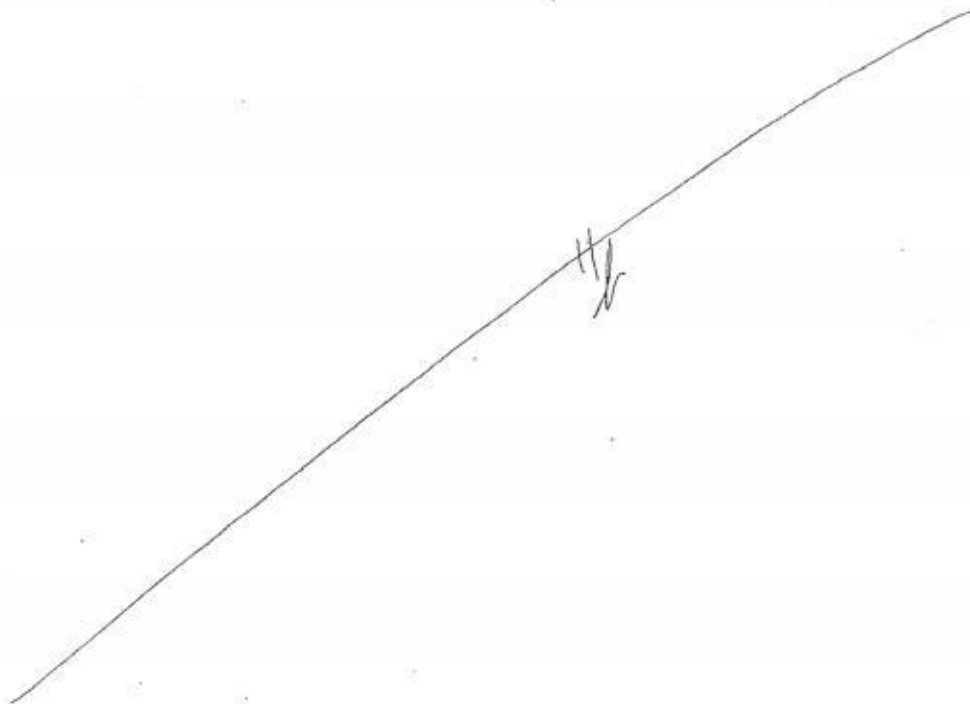
Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190227/2006

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 3 SOPHIA SIM SHI MEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/02/2019 01:02

Officer In Charge Of Case:

TP / GIT /
Insp TAN CHIN YONG

Classification Of Case:

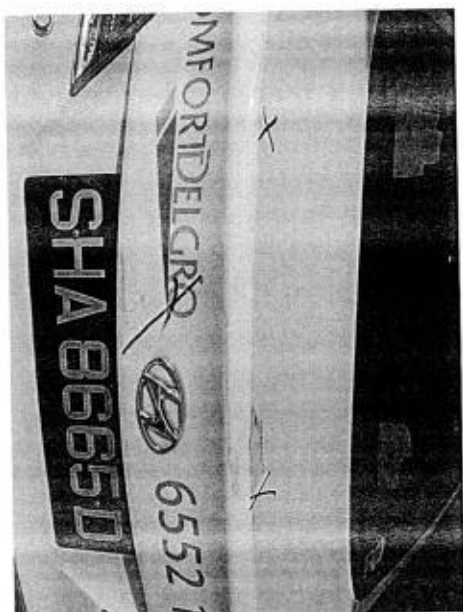
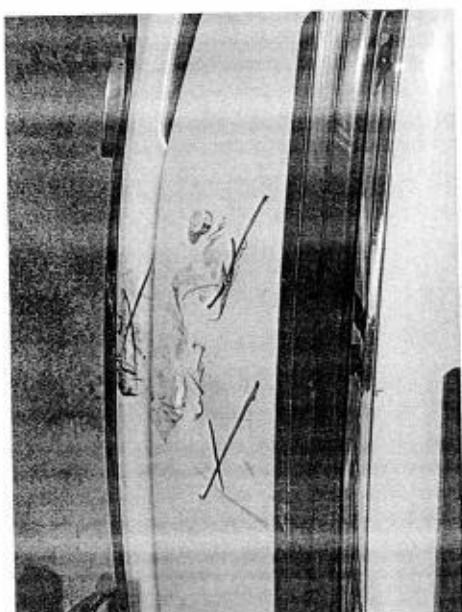
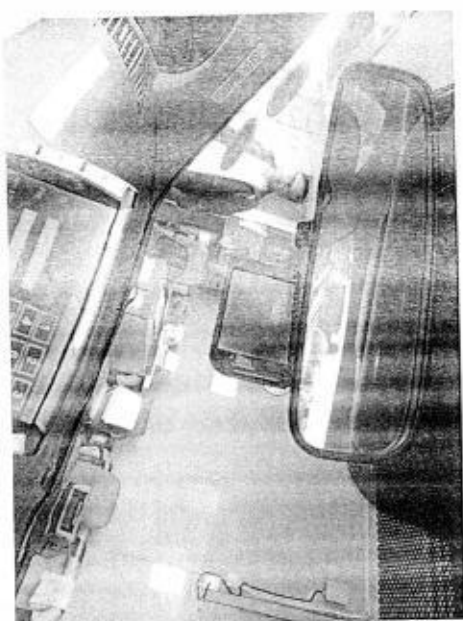
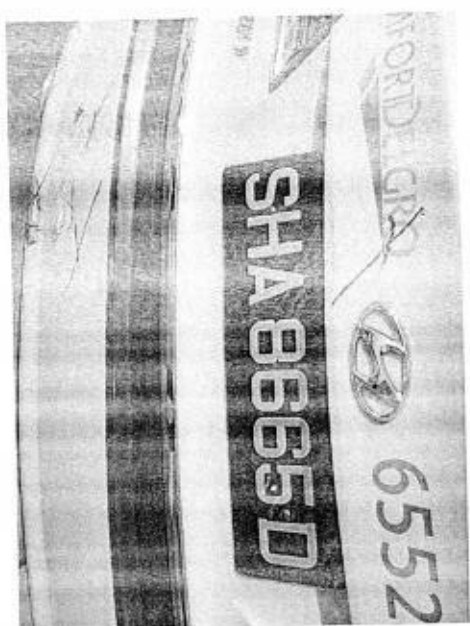
Contact No.: 65476178

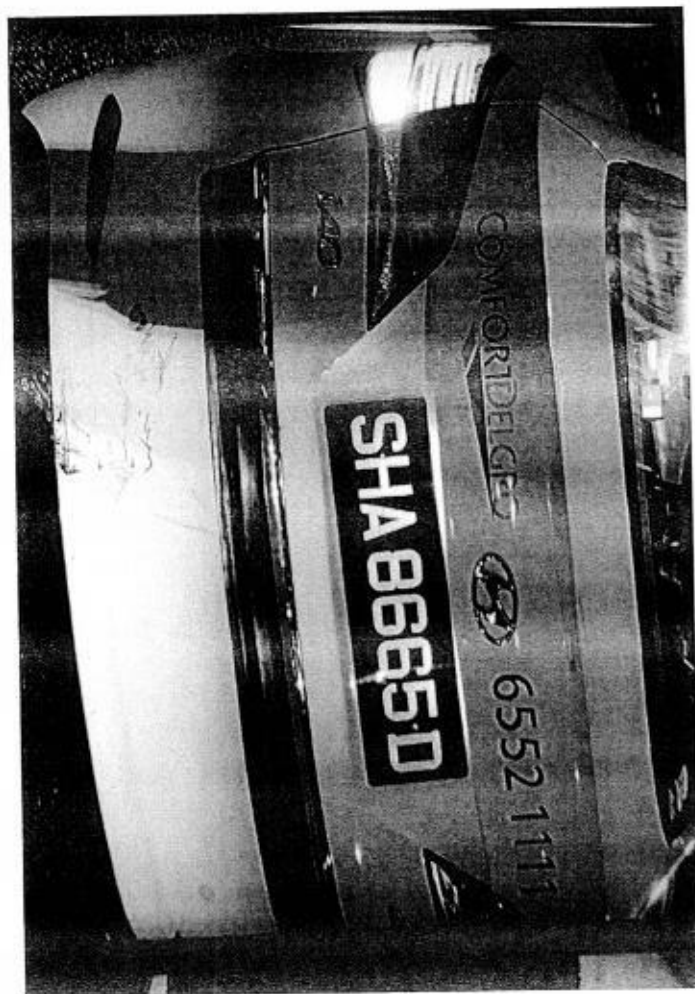
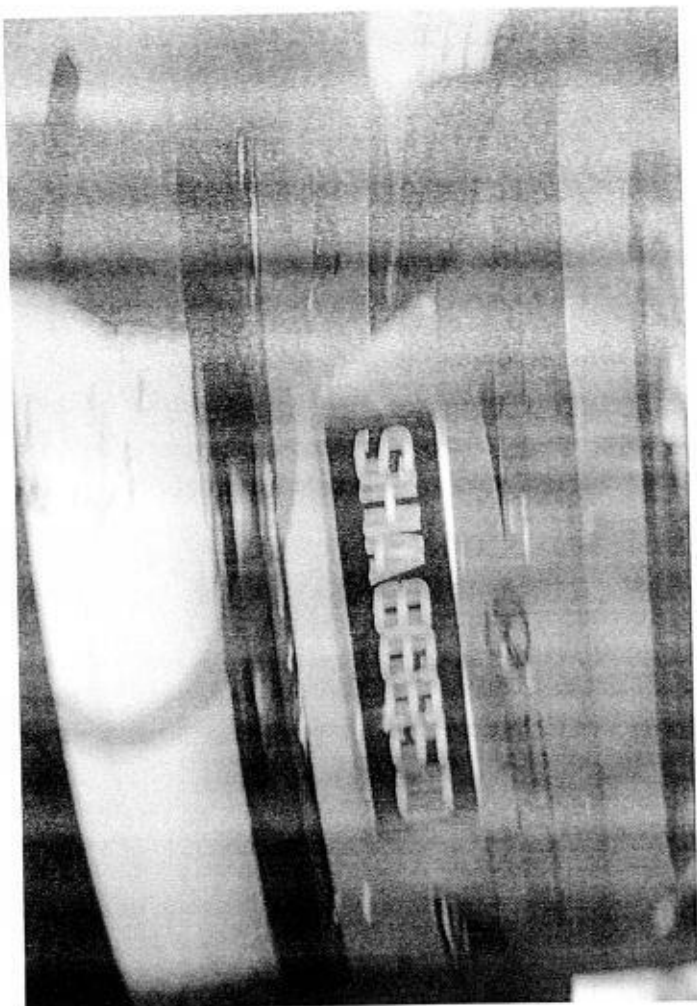


SINGAPORE
POLICE FORCE
Stamp

NP168

SIGNATURE





ComfortDelGro Engineering Pte Ltd (Co.Reg No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CCPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/02/2019
Vehicle Reg. No.:	SHA8665D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	18/01/2017
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDGU707087	Chassis No:	KMHLB41UMHU098337
Odometer:	288781 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	3,591.20
Miscellaneous Items	10.00
Labour	1,160.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,761.20
+ GST 7.00% (S\$)	333.28
Nett Amount (S\$)	5,094.48

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 27 Feb 2019)
 Parts: 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SHA8665D/27/02/2019 14:15
 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		*BOOT LID <i>X Rep</i>	20.00	0.00	*2,174.90 FL
2	1		*BOOT LID LOCK UPPER <i>X Rep</i>	20.00	0.00	*102.60 FL
3	1		*BOOT LID LOCK LOWER <i>X Rep</i>	20.00	0.00	*31.70 FL
4	1		*BOOT LID H EMBLEM <i>Rep</i>	20.00	0.00	*28.70 FL
5	1		*BOOT LID CRDI PLATE <i>Rep</i>	20.00	0.00	*27.90 FL
6	1		*BOOT LID CRDI MOULDING <i>X Rep</i>	20.00	0.00	*85.00 FL
7	1		*BOOT LID i40 EMBLEM <i>Rep</i>	20.00	0.00	*27.90 FL
8	1		*BOOT LID LOWER GARNISH <i>X Rep</i>	20.00	0.00	*227.90 FL
9	1		*REAR BUMPER <i>Rep</i>	20.00	0.00	*553.00 FL
10	1		*REAR BUMPER REINFORCEMENT <i>X Rep</i>	20.00	0.00	*428.40 FL
11	2		*REAR BUMPER REINFORCEMENT BRACKET LH/RH <i>X Rep</i>	20.00	0.00	*160.60 FL
12	10		*REAR BUMPER CLIPS <i>Rep</i>	20.00	0.00	*22.00 FL
13	2		*REAR BUMPER BRACKET <i>X Rep</i>	20.00	0.00	*71.20 FL
14	1		*REAR BUMPER SPONGE <i>X Rep</i>	20.00	0.00	*103.50 FL
15	1		*REAR BUMPER UNDER COVER <i>Rep</i>	20.00	0.00	*228.00 FL
16	1		*BOOTLID COMFORT LOGO & TEL NO. STICKER <i>Rep</i>	20.00	0.00	*30.00 FL
17	1		*REAR BUMPER REVERSE SENSOR <i>Rep</i>	20.00	0.00	*135.70 FL
18	1		*REAR BUMPER RUBBER MAT <i>Rep</i>	20.00	0.00	*50.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	4,489.00
- List Item Discount on L Items (S\$)	897.80
Total Parts (S\$)	3,591.20

ComfortDelGro Engineering Pte Ltd/SHA8665D/27/02/2019 14:15. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (\$\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 300
2	SPRAY PAINTING	New	600.00 400
3	WIRING	New	30.00 20 X 45
4	TUFF KOTE	New	50.00 20
5	REMOVE/RFIX REVERSE SENSOR	New	80.00 30
Gross Labour Cost (\$\$)			1,160.00

ComfortDelGro Engineering Pte Ltd/SHA8665D/27/02/2019 14:15. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka/2 (11/11)

27/2/19 1435L

3 Bz

P/P

Before Part photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No Deductible will be allowed
- Supplier's price must be approved and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Chiang

Date/Time: 27.02.2019 13:37 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305272937

CUSTOMER
VMS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)

REGN NO.: SHA8665D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 27.02.2019 01:45
YR OF MANU 18.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098337	COMPLETION DATE/TIME:

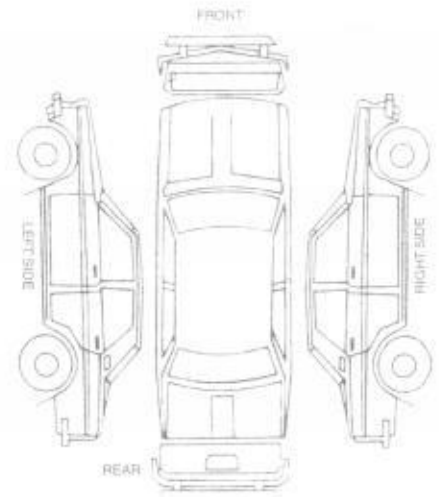
Chiang

JOB DESCRIPTION

Accident Date: 26.02.2019

NATURE: 3P 26.02.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA8665D** **CHIANG**

Vehicle No.: **SHA8665D**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305272937
 REGN NO : SHA8665D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 18.01.2017
 DATE/TIME IN : 27.02.2019 01:45
 ACCIDENT DATE : 26.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0800-G	I40VC SYMBOL MARK-TRUNK L	1	28.70	20.00	22.96
0002	04-01-0103-0786-G	I40VC EMBLEM-CRDI	1	27.90	20.00	22.32
0003	04-01-0103-0787-G	I40VC EMBLEM-I40	1	27.90	20.00	22.32
0004	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0005	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60
0006	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40
0007	28-01-0103-0010-A	(I40)REAR BOOT TEL NUMBER	1	15.00	2.00-	15.00
0008	28-01-0103-0009-A	(I40)REAR BOOT LOGO CCTPL	1	15.00	0.20	15.00
0009	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	0.02-	50.00
0010	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	0.00	135.70

SUB-TOTAL : 925.70

JOB NATURE

0000 PB	PANEL BEATING	300.00
---------	---------------	--------

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305272937
REGN NO : SHA8665D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 18.01.2017
DATE/TIME IN : 27.02.2019 01:45
ACCIDENT DATE : 26.02.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT	PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE				400.00		
0002 20-05	REMOVE/REFIX REVERSE SENSOR				30.00		
0003 L	MERIMEN FEE				10.00		
SUB-TOTAL :							740.00
TOTAL :							1,665.70

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305272937
Date : 27/02/19

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA8665D
Fax :
26/02/2019

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


1. The repair job shall bill to: TOKIO FBE8410Y
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$925.70 |
| (b) Labour Charges | \$740.00 |
| Total for Part-By-Part Repair Cost | \$1,665.70 |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| Final Lumpsum Repair cost | |


3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : FBE8410Y
Date : 1/3/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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/TMI19003731/K1SD3N2

Date: 05/03/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001286
Claimant Vehicle No :	SHA8665D	Insured Vehicle No :	FBE8410Y
Date of Loss:	26/02/2019	Nature of Claim:	TP
		Claim No:	M1901199

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA8665D	Engine No:	D4FDGU707087
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMHU098337
Reg. Date:	18/01/2017 (Man. Year: 2017)	Odometer:	288781 km
Colour:	Yellow		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,591.20	925.70	2,665.50	74.22
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,160.00	730.00	430.00	37.07
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,761.20	1,665.70	3,095.50	65.02
+ GST 7.00/7.00% (S\$)	333.28	116.60	216.68	65.01
Nett Amount (S\$)	5,094.48	1,782.30	3,312.18	65.02

INSPECTION

Date of Assignment:	27/02/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	27/02/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: KALVIN ANG WEI KUN

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

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 05 Mar 2019)
Parts:	143	HYUNDAI i40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA8665D)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*BOOT LID	Repair	2,174.90 FL	*- FL
2	1	*BOOT LID LOCK UPPER	Serviceable	102.60 FL	*- FL
3	1	*BOOT LID LOCK LOWER	Serviceable	31.70 FL	*- FL
4	1	*BOOT LID H EMBLEM	Necessary	28.70 FL	*28.70 FL
5	1	*BOOT LID CRDI PLATE	Necessary	27.90 FL	*27.90 FL
6	1	*BOOT LID CRDI MOULDING	Serviceable	85.00 FL	*- FL
7	1	*BOOT LID i40 EMBLEM	Necessary	27.90 FL	*27.90 FL
8	1	*BOOT LID LOWER GARNISH	Repair	227.90 FL	*- FL
9	1	*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
10	1	*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
11	2	*REAR BUMPER REINFORCEMENT BRACKET LH/RH	Serviceable	160.60 FL	*- FL
12	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
13	2	*REAR BUMPER BRACKET	Serviceable	71.20 FL	*- FL
14	1	*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
15	1	*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
16	1	*BOOTLID COMFORT LOGO & TEL NO. STICKER	Necessary	30.00 FL	*30.00 FS
17	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FL	*135.70 FS
18	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FL	*50.00 FS

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

Sub Total (\$\$)	4,489.00	1,103.20
- List Item Discount on L Items 20.00/20.00% (\$\$)	897.80	177.50
Total Parts (\$\$)	3,591.20	925.70

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Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	300.00
2	SPRAY PAINTING	New	600.00	400.00
3	WIRING	New	30.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	REMOVE/RFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			1,160.00	730.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >