

REP CS/TMI 19003782/MSD 302

SALES REP. ID

SALES REP. NAME

FROM PERSON

ESTIMATED COST

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

TO INSPECT VEHICLE NO

AT WORKSHOP NO

OF

POLICY NO: MH001493

SUM INSURED

MAKE OF VEH  
(CLIENT'S RECORD)

CA / REV / REP. / REV 24 HRS

DATE/TIME: 28/2/19 @ 11:37am

PERSON CONTACTED: Jumen

H.O.D. ENDORSEMENT

VEHICLE IN/OUT

ASSIGNMENT (OFFICE)

Kalvin  
Dillen Senthilan

TMI

DATE/TIME: 28/2/19 @ 11:37am

BILL TO:

SHA 3085K  
Comfort Delgro  
59 Ioyong Drive

INSURED

SJS 9155J

TEL

6214 8300

CLAIM NO

M1901218

EXCESS

D.O.A

27/2/19

Date/Time	Action/Instruction (✓) Estimate	
	SHA 3085K - NS/INC11020322 / H/om	DOA: 2/10/11
	SJS9155J - NA / TMI19003513/24	DOA: 29/2/2019

Surveyor: Kelvin

REF:

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / HS / TP RES / OD RES / EVA / IHV / MV:  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHA 3085K Yr Regn: 15 Jan, 2015  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai I40 cc: 1685  
 Colour: Blue A/C: Insured / Std / Nil / NA  
 Sp. Reading: 503292 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/N: KMHLEB414MF4062701  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD / Film or  
 Tyre Size: F: 205/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Campari  
 Front: 6 mm R/Bal. 6 mm  
 Rear: 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 26/2/19 D.O.I. 28/2/19  
 Survey held at C D & E (Loyang)  
 Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or  
N/S Front.  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
5/4/19	Check P/P \$775/24% ( \$ 1451.68 red - 66% )

RECEIVED 05 MAR 2019

Date/Time, File # 1st lot: 05/03/19  
 : Prel. Report  
 : Final Report

Days Of Repair: 2  
 Resurvey No. of Trip: 1

Survey Fee:	<u>250</u>
Transportation:	
	<u>10</u>

\$ 735 / AP

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	27 Feb 2019 <a href="#">Sendback Est</a>	27 Feb 2019 17:25 <b>S\$2,186.68</b>	28 Feb 2019 11:37 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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### CLAIM SUBFOLDER DETAILS

Insured:	<b>SUPREME LEASING &amp; LIMOUSINE SERVICES</b> , Co. Reg. No.: 53287737C		
Main Claimant:	<b>CTPL</b>		
Vehicle Reg. No.:	<b>SHA3085K</b>	Date of Loss:	27/02/2019 09:00 - :59 [49 Months and 12 Days From LTA Reg Date (Man Yr)]
Claim Type:	<b>TP / M1901218</b>	Policy/Cover Note No.:	MH001493 (Third Party Only) Coverage: 03/10/2018 - 14/10/2019
Vehicle Reg. No. (Insured):	<b>SJS9155J</b>	Policy No. (Claimant):	
		Excess:	S\$1,800.00
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	<b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Dillen Senthilan so Selvarajoo</b> ]		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [ <b>Final Rpt</b> due 11/03/2019]		
Adj Asg. Remarks:	OUR INSURED HAVE NOT REPORT THE ACCIDENT.		

### ASSOCIATED MAIL RECEIVED

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

There are no mail for this case.

### ALL ASSOCIATED TASKS

[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

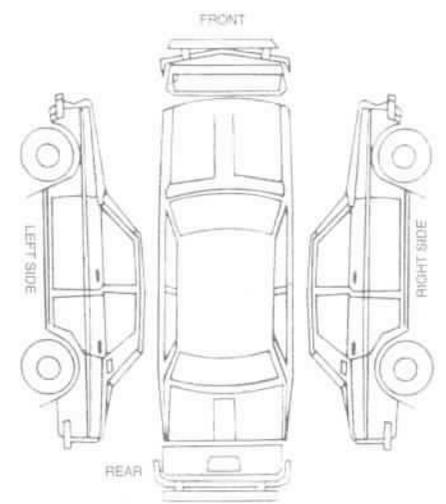
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Team: ARC Repair TP(CLSO)1	<b>JOB CARD</b>	Sales Order:	JC NO.: 305273050
CUSTOMER	REGN NO.: <b>SHA3085K</b>	MILEAGE	
MS: <b>COMFORT TRANSPORTATION PTE LTD</b>	MAKE: <b>HYUNDAI</b>	FUEL	
CUSTOMER NO.: <b>7010045</b>	MODEL: <b>I-40</b>	E:.....1/2.....F	
ADDRESS: <b>383 SIN MING DRIVE</b>	YR OF MANU: <b>15.01.2015</b>	DATE/TIME IN	<b>27.02.2019 13:40</b>
<b>Singapore SINGAPORE 575717</b>	CHASSIS CODE: <b>KMHLB41UMFU062701</b>	TARGET DATE	
(R) <b>65508755</b> (O)		COMPLETION DATE/TIME:	
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 26.02.2019  
 NATURE: 3P 26.02.2019

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip Vehicle No.: <b>SHA3085K</b> Labor Code: <b>CHIANG</b>	Exit Pass Vehicle No.: <b>SHA3085K</b>	Signature/Date _____	Name of Service Advisor _____
Name of Service Advisor _____	Signature/Date _____	Name of Service Advisor _____	Date _____
returned to Service Reception upon collection		To be kept by Security Guard	

## 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 14:17
Date Of Accident	26/02/2019 09:25
Exact Location Of Accident	NEIL RD > KAMPONG BAHRU RD NEAR TO BT. PASOH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3085K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### 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	BAHARUDIN BIN MURAD
NRIC No	S1736038H
Date Of Birth	14/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1993
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97950546
Fax Number	
Contact Number	
E Mail Address	BAHARUDIN14@GMAIL.COM

Address	BLK 829 JURONG WEST STREET 81 #08-308
Postcode	640829
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190227/2059

#### 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	SJS9155J
Vehicle Make/Model/Colour	TOYOTA
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)

**IMPORTANT NOTICE**

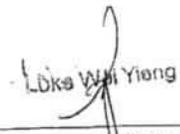
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

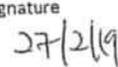
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

x 

  
Loka Wai Yiong

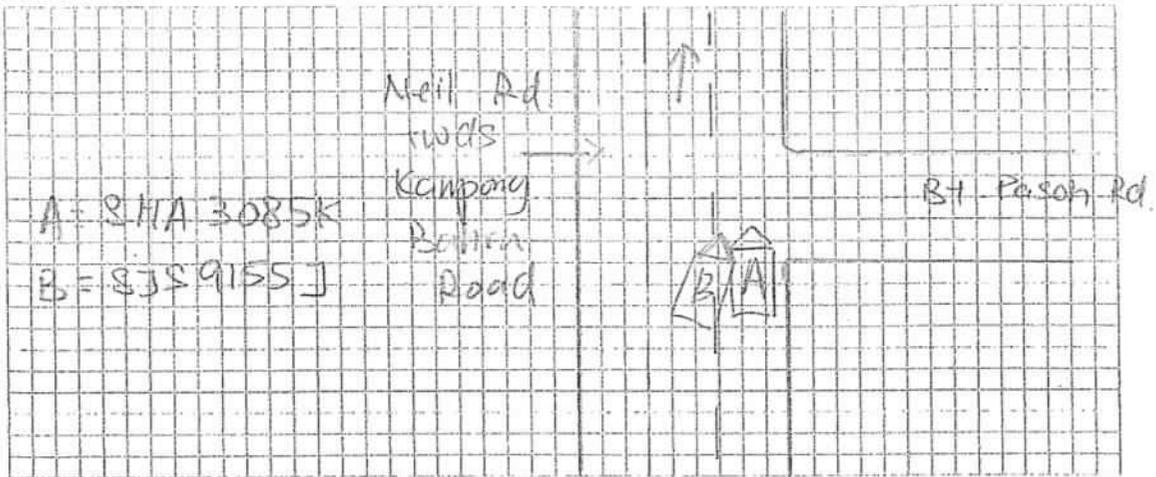
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT  
T / 2019 0227 / 2059

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:  
NRIC/FIN No.:

Loke Wei Yang

27/2/19



**SINGAPORE  
POLICE FORCE**



T/20190227/2059

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190227/2059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/02/2019 12:42	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars			
Name of Informant: BAHARUDIN BIN MURAD		Address: APT BLK 829 JURONG WEST STREET 81 #08-308 SINGAPORE 640829	
ID Type / ID No.: NRIC NO / S1736038H		Contact No.:	Mobile: 97950546
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 14/09/1966	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/02/2019 09:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 NEIL ROAD KAMPONG BAHRU ROAD ALONG NEIL ROAD TOWARDS KAMPONG BAHRU ROAD, BEFORE BUKIT PASOH TURN				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3085K	Car	HYUNDAI	I40	Blue	Slightly Damaged	0
SJS9155J	Car					0

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



SINGAPORE  
POLICE FORCE



T/20190227/2059

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20190227/2059

## CONTINUATION OF REPORT

Driver			
Name	BAHARUDIN BIN MURAD		ID No. S1736038H
Related Vehicle	SHA3085K (Car)		Contact No. 97950546
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/02/2019 at about 9:24am, I was driving, alone, in my taxi bearing the registration number: SHA3085K. I was driving along Neil Road towards Kampong Bahru Road, before Bukit Pasoh turn.

Suddenly, a Toyota Vios, White in colour, which was driving on the left lane beside me, switched to my lane, overtook me and just sped off. The driver did not stop the vehicle. Prior to this accident, there was no dispute whatsoever.

I was in a state of shocked thus I did not gave chase or press my horn. I with caution drove over to the road shoulder and stopped there to make a check on my vehicle.

The damages, to my vehicle are scratches along the left side of my vehicle.

I have an in-vehicle camera installed my vehicle and it captured the vehicle that was involved with the said accident. The vehicle was bearing the registration number: SSJS9155J.

I was not injured during the accident.



SINGAPORE  
POLICE FORCE



T/20190227/2059

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

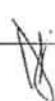
3 of 3  
Report No. T/20190227/2059

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 2 MUHAMMAD ALIF BIN AZALI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2019 12:42
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="760 1780 1230 1982" style="border: 1px solid black; padding: 5px;">          SINGAPORE POLICE FORCE     <hr/>         SIGNATURE       </div>



*Chiang*

**ComfortDelGro Engineering Pte Ltd** (Co. Reg. No: 199506048W)  
 59 Loyang Drive  
 Singapore 508969  
 Tel: 6214 8300

**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)  
**CTPL**

Singapore

PARTICULARS OF CLAIM			
<b>Claim Type:</b>	THIRD PARTY	<b>Ref. No:</b>	
<b>Policy No:</b>		<b>Date of Loss:</b>	27/02/2019
<b>Vehicle Reg. No.:</b>	SHA3085K	<b>Driveable?</b>	YES
<b>Party At Fault:</b>	UNKNOWN		
<hr/>			
<b>Make/Model:</b>	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	<b>Vehicle Reg. Date:</b>	15/01/2015
<b>Vehicle Colour:</b>	BLUE	<b>Gen Condition:</b>	GOOD
<b>Engine No:</b>	D4FDEU463473	<b>Chassis No:</b>	KMHLB41UMFU062701
<b>Odometer:</b>	503286 KM		
<b>Paint Type:</b>			
<b>List Item Discount:</b>	20.00 %		
<b>Total Loss?</b>	NO		
<b>Est. Duration of Repair (day)</b>	4		
<hr/>			
<b>Present Location:</b>	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		
<hr/>			
<b>COST OF CLAIMS</b>			<b>Amount</b>
Parts			696.68
Miscellaneous Items			10.00
Labour			1,480.00
Paintwork Labour			0.00
Towing			0.00
		<b>Gross Total (S\$)</b>	<b>2,186.68</b>
		<b>+ GST 7.00% (S\$)</b>	<b>153.07</b>
		<b>Nett Amount (S\$)</b>	<b>2,339.75</b>

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/SHA3085K/27/02/2019 17:25**  
**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		*FRONT DOOR MIRROR LH <i>x repair</i>	20.00	0.00	*670.00 FL	
2	1		*FRONT WHEEL HUB CAP LH <i>x sub</i>	20.00	0.00	*107.10 FL	
3	1		*FRONT DOOR COMFORT LOGO LH <i>—</i>	0	0.00	*75.00 FS	
F=Franchise part. S=SpcNett. L=ListItemDisc.							
<i>front door (LH) x repair</i>						Sub Total (S\$)	<b>852.10</b>
<i>front fender (LH) x repair</i>						- List Item Discount on L Items (S\$)	155.42
						Total Parts (S\$)	<b>696.68</b>

ComfortDelGro Engineering Pte Ltd/SHA3085K/27/02/2019 17:25. Not valid without Reference section.  
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	<del>500.00</del> <sup>200</sup>
2	SPRAY PAINTING	New	<del>900.00</del> <sup>450</sup>
3	FRT WHEEL ALIGNMENT	New	<del>80.00</del> <sup>x</sup>
<b>Gross Labour Cost (S\$)</b>			<b>1,480.00</b>

ComfortDelGro Engineering Pte Ltd/SHA3085K/27/02/2019 17:25. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

*Kahar (KKA)*  
*28/2/19 1010L*  
*2 hrs*  
*45*  
*After Repair plz*

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer  
 Signature:  
 Date:

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305273050

Date : 28/02/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA3085K

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 SJS9155J

2. The finalized amount shall be:

(a) Spare Parts after List discount \$75.00

(b) Labour Charges \$660.00

**Total for Part-By-Part Repair Cost** \$735.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

**Final Lumpsum Repair cost** \_\_\_\_\_

3. Estimated normal period for repairs: 2 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 : 

Signature : 

Name : CHIANG

Name : Kalvin

Tel : 62148314

Date : 5/3/19

Fax : 65468156

### 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:

\_\_\_\_\_

\_\_\_\_\_

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305273050  
 REGN NO : SHA3085K  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 15.01.2015  
 DATE/TIME IN : 27.02.2019 13:40  
 ACCIDENT DATE : 26.02.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 1 75.00 0.00 75.00

SUB-TOTAL : 75.00

## JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 450.00

0002 L MERIMEN FEE 10.00

SUB-TOTAL : 660.00

TOTAL : 735.00

MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

DATE :

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	27 Feb 2019 <a href="#">Sendback Est</a>	27 Feb 2019 17:25 <b>S\$2,186.68</b>	28 Feb 2019 11:37 <a href="#">Edit Adj Rpt</a>	<b>S\$735.00</b> <a href="#">Edit Estimates</a>	<b>S\$735.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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CLAIM SUBFOLDER DETAILS									
Insured:	<b>SUPREME LEASING &amp; LIMOUSINE SERVICES</b> , Co. Reg. No.: 53287737C								
Main Claimant:	<b>CTPL</b>								
Vehicle Reg. No.:	<b>SHA3085K</b>	Date of Loss:	27/02/2019 09:00 - :59 [49 Months and 12 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / M1901218</b>	Policy/Cover Note No.:	MH001493 (Third Party Only) Coverage: 03/10/2018 - 14/10/2019						
Vehicle Reg. No. (Insured):	<b>SJS9155J</b>	Policy No. (Claimant):							
		Excess:	S\$1,800.00						
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	<b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Dillen Senthilan so Selvarajoo</b> ]								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... [Final Rpt due 11/03/2019]								
Adj Asg. Remarks:	OUR INSURED HAVE NOT REPORT THE ACCIDENT.								
<b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
<b>Due Date</b>	<b>Priority</b>	<b>Type</b>	<b>Task Group</b>	<b>Subject</b>	<b>Handler</b>	<b>Assigned By</b>	<b>Completed On</b>	<b>Created On</b>	<b>Done?</b>
No results.									

## Claim Documents

SHA3085K (M1901218)  
[SJS9155J]  
TP  
CTPL  
Feb 27 2019 9:00AM  
[SUPREME LEASING & LIMOUSINE SERVICES]  
ComfortDelGro Engineering Pte Ltd

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>			<b>View</b> <span style="border: 1px solid black; padding: 2px;">View in Browser</span>	
<b>Assessment Reports</b>			1 per page <span style="border: 1px solid black; padding: 2px;">v</span> <input checked="" type="checkbox"/>	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	27/02/19 17:25	<b>Repairer Estimates</b>	Load HTM	<input type="checkbox"/>
<b>Photos/Images</b>			3 per page <span style="border: 1px solid black; padding: 2px;">v</span> <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
2	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
3	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
4	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
5	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
6	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
7	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
8	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
9	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
10	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
11	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
12	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
13	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
14	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
15	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
16	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
17	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
18	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
19	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
20	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
21	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
22	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
23	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
24	28/02/19 17:44	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
25	04/03/19 09:10	<b>Reinspection Photo</b>	Load JPG	<input checked="" type="checkbox"/>
26	04/03/19 09:10	<b>Reinspection Photo</b>	Load JPG	<input checked="" type="checkbox"/>
27	04/03/19 09:10	<b>Reinspection Photo</b>	Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page <span style="border: 1px solid black; padding: 2px;">v</span> <input checked="" type="checkbox"/>	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	27/02/19 17:26	<b>E-filed GIA report</b>	Load PDF	<input type="checkbox"/>

## Documents Checklist

**DOCUMENTS CHECKLIST**

Reset | Save | Print

There are no document checklists configured.

**Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**

**Show Remarks To:**  Repairer  Handling Insurer

Note: Remarks are private unless you show it to other parties.

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

### VEHICLE DAMAGE INSPECTION REPORT

**Our File No:** CS/TMI19003782/K1SD3E2

**Date:** 06/03/2019

#### REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd	Policy No: MH001493	
Claimant Vehicle No : SHA3085K	Insured Vehicle No : SJS9155J	
Date of Loss: 27/02/2019	Nature of Claim: TP	Claim No: M1901218

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA3085K		
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Engine No:	D4DFDU500920
Reg. Date:	15/01/2015 (Man. Year: 2014)	Chassis No:	KMHLB41UMFU062701
Colour:	Blue	Odometer:	503292 km
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	<b>Market Value/New Car Price</b>		

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

*The above values represent the remaining tyre treads depth*

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	696.68	75.00	621.68	89.23
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,480.00	650.00	830.00	56.08
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,186.68</b>	<b>735.00</b>	<b>1,451.68</b>	<b>66.39</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>153.07</b>	<b>51.45</b>	<b>101.62</b>	<b>66.39</b>
<b>Nett Amount (S\$)</b>	<b>2,339.75</b>	<b>786.45</b>	<b>1,553.30</b>	<b>66.39</b>

#### INSPECTION

Date of Assignment:	28/02/2019 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/02/2019 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 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

<b>Reference</b>	
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 06 Mar 2019)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHA3085K)	
<b>Validity:</b> These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b> Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount	
1	1		*FRONT DOOR MIRROR LH	Repair	670.00 FL	*- FL	
2	1		*FRONT WHEEL HUB CAP LH	Serviceable	107.10 FL	*- FL	
3	1		*FRONT DOOR COMFORT LOGO LH	Necessary	75.00 FS	*75.00 FS	
4	1		*FRONT DOOR (LH) (NPA)	Repair	-	*- FL	
5	1		*FRONT FENDER (LH) (NPA)	Repair	-	*- FL	
					<b>Sub Total (S\$)</b>	<b>852.10</b>	<b>75.00</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>155.42</b>	<b>0.00</b>
					<b>Total Parts (S\$)</b>	<b>696.68</b>	<b>75.00</b>

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

Report was unsubmitted during this print-out.

### Recommended Miscellaneous Items

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

### Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	500.00	200.00
2	SPRAY PAINTING	New	900.00	450.00
3	FRT WHEEL ALIGNMENT	New	80.00	0.00
<b>Gross Labour Cost (\$\$)</b>			<b>1,480.00</b>	<b>650.00</b>

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >