

Surveyor: Kalyan

REF:

CS/19004048/KIQD3N2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TP/RES/OD/RES/EVA/INV/MA

To Inspected Vehicle No: _____

Is Working m/s _____

Insured: SPU 4644L

Policy No: MD005061

Claims No: M1901275

Sum Insured: _____ Excess: _____

(Client's Record)

State of Veh: _____

(Policy Condition)

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

NIS	OIS

Est. or Market Value: _____

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 35522 Tr Regn: 2454, 21K

Type: M.Car / M.Cycle / Bus / Van / Lorry / T. / Prime Mover /

Truck / Trailer or

Makes: Hyundai cc 1600

Colour: Yellow A/C: Insured / Std / Nil / NA

Sp. Reading: 643867 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMH18X14M E4061594

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: 205/60R16

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

TOYO / YOKO or Maruti

Front: _____ Rear: _____

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: 27/2/19 D.O.I: 1/3/19

Survey held at C D G E (Loyang)

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooflop or

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

NS/2WC18014584/KIQD3N2 9/8/2018 SKS 98521 Tokio

SPU 4644L 41

11/3/19 Chund 4/3 \$ 950 / 2 Rys. (Red \$ 2492.24, 72%)

RECEIVED 1-2 MAR 2019

Date/Time, File Pass lot ☐ : Prel. Report

11/3/19 ☐ : Final Report

Date/Time, File Return lot

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 250

Transpotation: 10

260

US: \$ 950

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	28/02/2019 14:38
Date Of Accident	27/02/2019 20:45
Exact Location Of Accident	JALAN SULTAN X VICTORIA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3552Z
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAN HIAN KIAT
NRIC No	S0202254J
Date Of Birth	14/10/1953
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91565503
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 101 TAMPINES STREET 11 #04-13
Postcode	521101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CAIRNHILL NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190228/2046

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	SBU4694L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SWU LAY HEE
NRIC/Passport Number	S0391735E
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	TAN HIAN KIAT
Approximate Age	65
Injuries Sustain	NECK PAIN, ON 5 DAYS MC.
Injured person in which vehicle?	SHB3552Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JAMIAH BTE SAM SOO
Approximate Age	
Injuries Sustain	NECK PAIN, ON 5 DAYS MC.
Injured person in which vehicle?	SHB3552Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

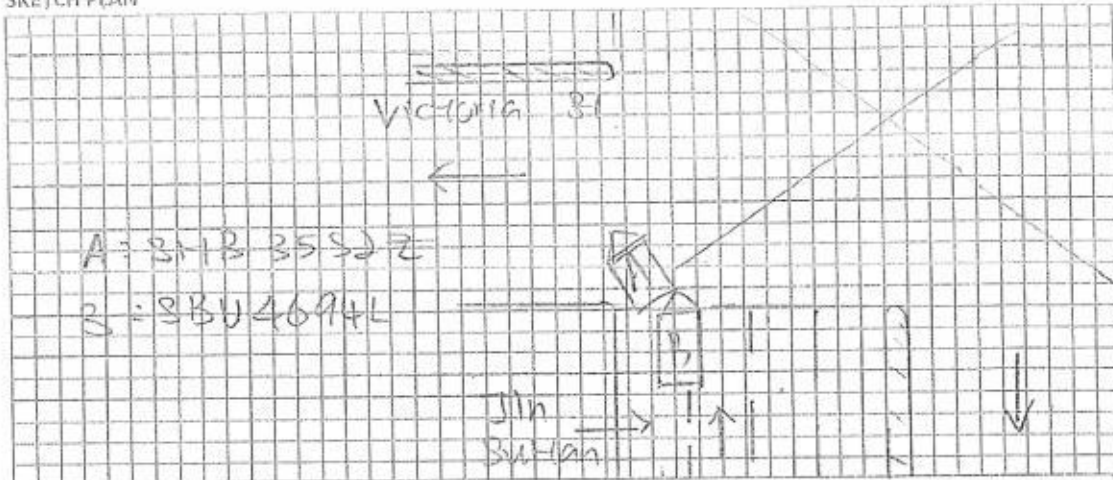
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Loke Wei Yiong
28/2/19

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/20190228/2046

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

Loi Wei Yeng
28/2/19



**SINGAPORE
POLICE FORCE**



T/20190228/2046

1 of 4

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

Report No. T/20190228/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2019 12:35	Vide Report No.:	Station Diary No.: 13
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN HIAN KIAT			Address: APT BLK 101 TAMPINES STREET 11 #04-13 SINGAPORE 521101	
ID Type / ID No.: NRIC NO / S0202254J			Contact No.:	Mobile: 91565503
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 65	Date of Birth: 14/10/1953	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/02/2019 20:45	X-Junction
Location: Along Road 1 Traveling Toward Road 2 JALAN SULTAN VICTORIA STREET Near Hotel Boss Pedestrian crossing				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBU4694L	Car				Slightly Damaged	0
SHB3552Z	Car				Slightly Damaged	1

Details of Person Involved

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190228/2046

2 of 4

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

Report No. T/20190228/2046

CONTINUATION OF REPORT

Driver			
Name	Swu Lay Hee	ID No.	S0391735E
Related Vehicle	SBU4694L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN HIAN KIAT	ID No.	S0202254J
Related Vehicle	SHB3552Z (Car)	Contact No.	91565503
Hospital/Clinic	NOVENA MEDICAL CENTER FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2019	Date Discharge	28/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Jamiah Bte Sam Soo	ID No.	S1613688C
Related Vehicle	SHB3552Z (Car)	Contact No.	91248095
Hospital/Clinic	NOVENA MEDICAL CENTER FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/02/2019	Date Discharge	28/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 27/02/2019 at about 2039hrs, I picked up a passenger(Jamiah Bte Samsoo) in my taxi(SHB3552Z), from French Road and was headed towards Eunos Crescent.

At about 2045hrs, I was turning left from Jalan Sultan towards Victoria Street at the cross junction pedestrian crossing however I came to a stop as there were pedestrians crossing the road. Suddenly I felt an impact and a loud bang. I then got out of my car noticed that the front left of the car(SBU4694L) behind me had collided into the rear right bumper of my car.

I then exchanged particulars with him and he told me to settle this with the insurance and lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20190228/2046

3 of 4

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

Report No. T/20190228/2046

CONTINUATION OF REPORT

As such I am lodging this report for insurance purposes.

I wish to state both myself and my passenger were injured and seen a doctor on the 28/02/2019. We were both granted 5 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20190228/2046

4 of 4

Report No. T/20190228/2046

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

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:
A /
Sgt 2 HENG CHENG SOON, DESMOND

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

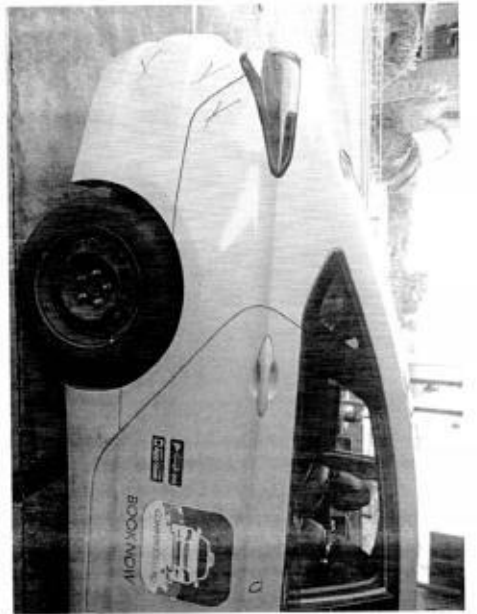
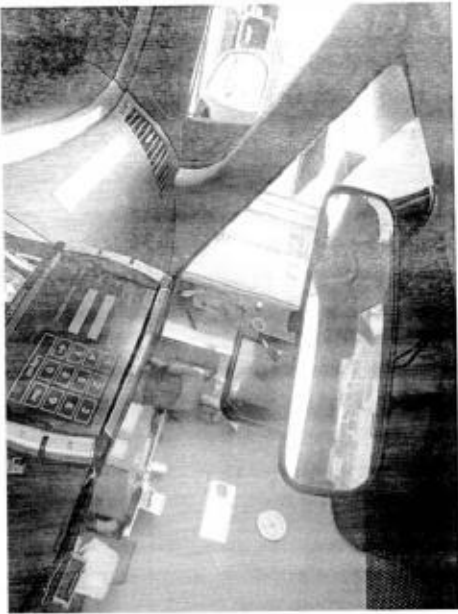
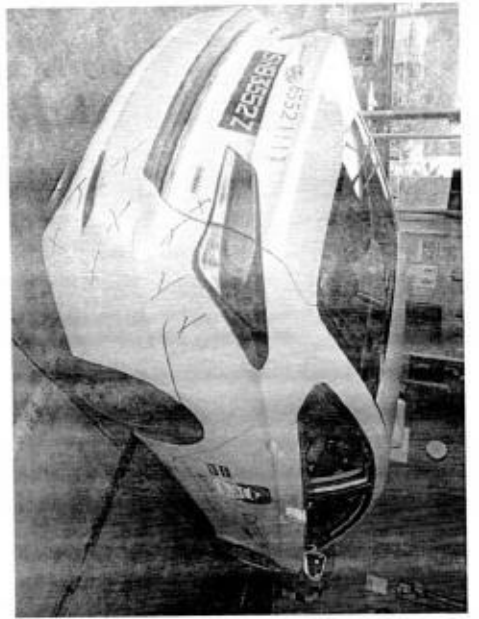
Signature Of Informant:

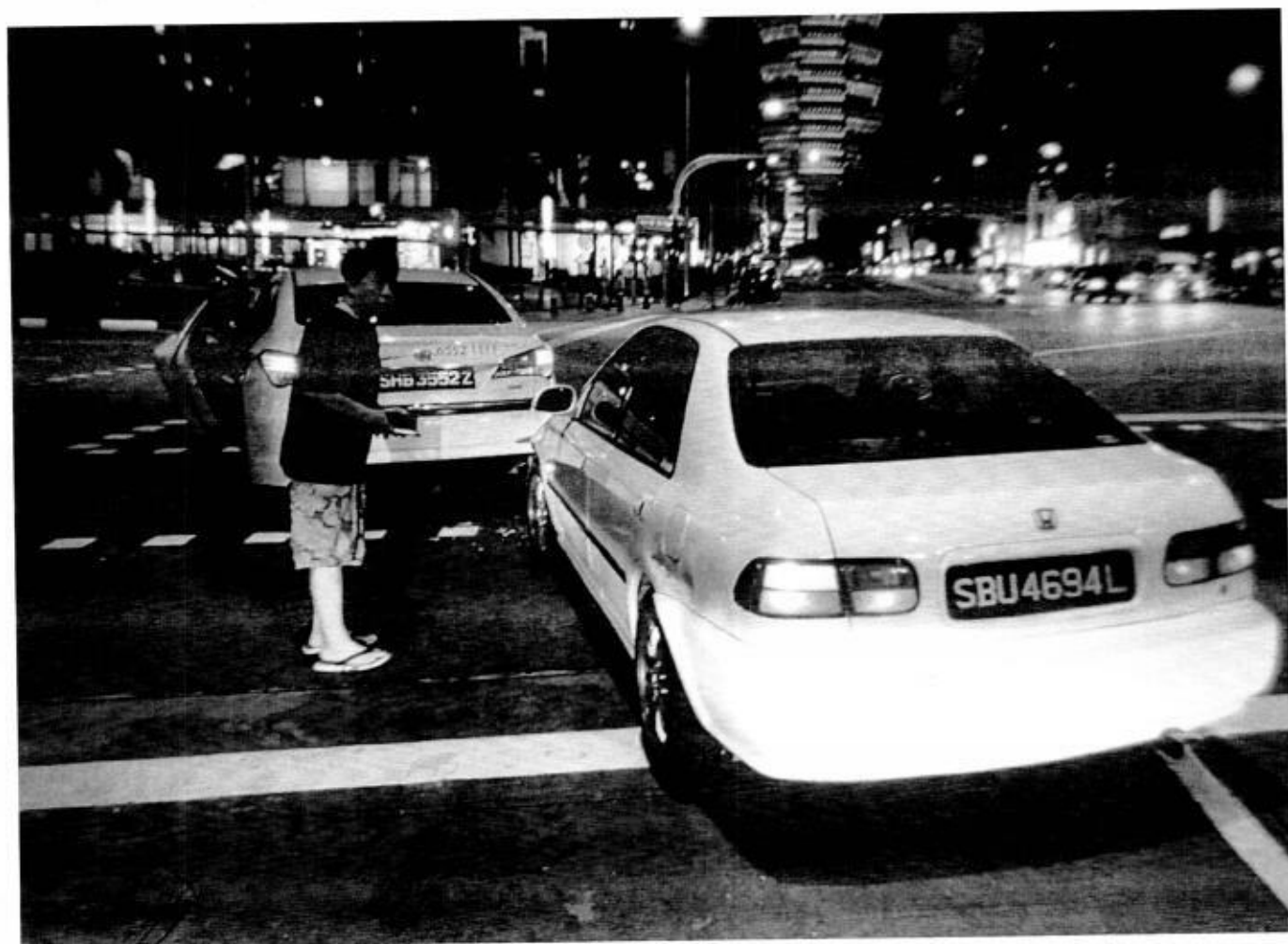
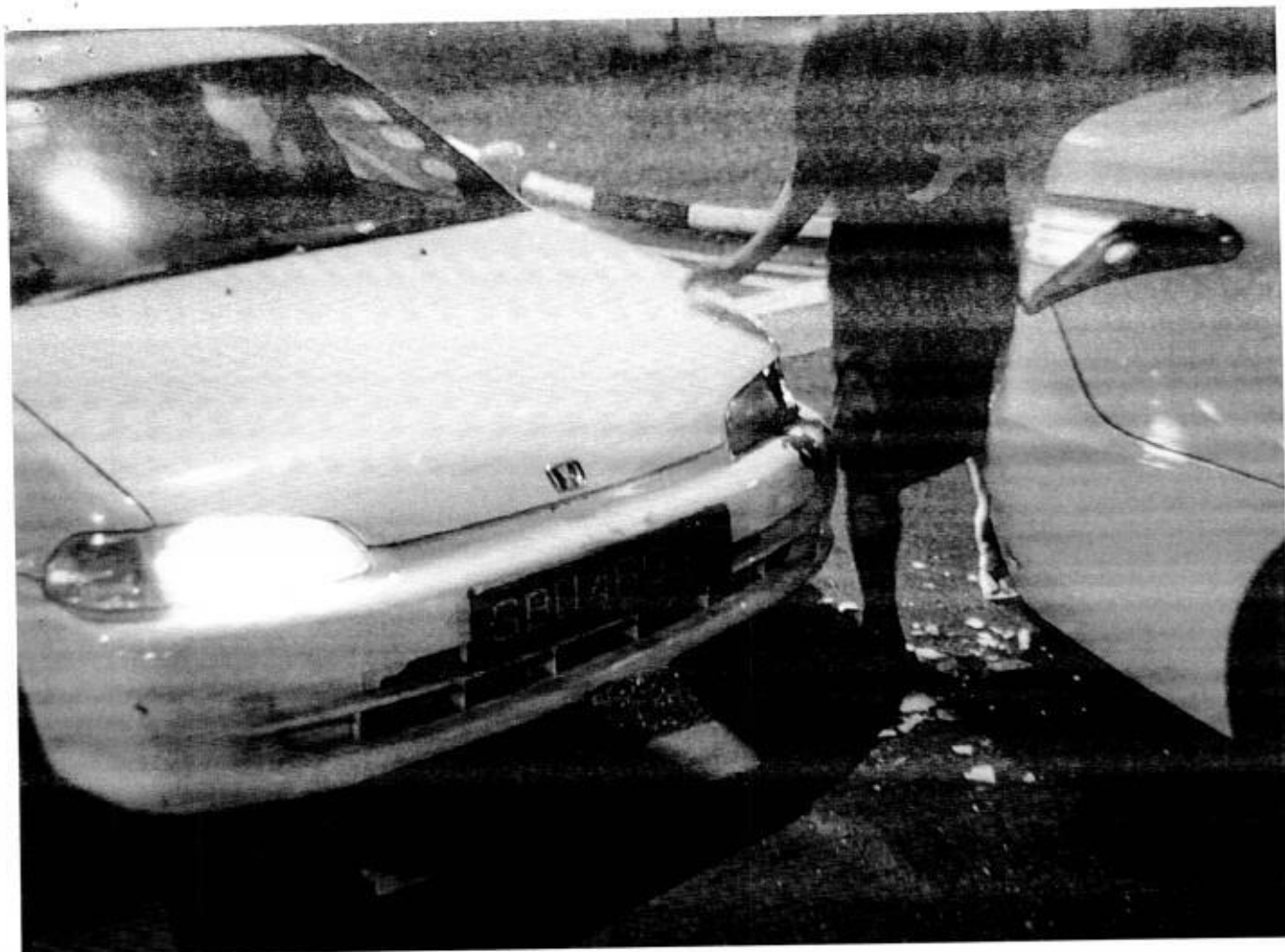
[Handwritten Signature]

Date/Time:
28/02/2019 12:35

Classification Of Case:







T-Machine / LKK
Read Right. DATE

DATE 28/2/2019 15:38

五

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Dubond</i>			\$ 553.00
	Rear Bumper Clip 10 pcs — <i>me</i>			\$ 22.00
	Rear Windscreen Moulding X <i>MH</i>			\$ 28.30
	Rear Bumper Reflector Lamp (RH) — <i>cm</i>			\$ 30.60
	Exhaust Pipe Insulator X <i>SU</i>		\$ 58.55	\$ 117.10
	Exhaust Silencer X <i>SU</i>		\$ 967.70	\$ 1,935.40
	Exhaust Pipe Hanger X <i>SU</i>		\$ 58.55	\$ 117.10
	<i>Rear Bumper under cover — at \$ 225</i>			
	SUB TOTAL			\$ 2,803.50
	LESS 20%			\$ 560.70
	DISCOUNTED TOTAL			\$ 2,242.80
	Rear Bumper Rubber Mat — <i>me</i>			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>
	Remove/Refix Exhaust Pipe			\$ 150.00
	<i>Marina Fee</i>			\$ 10 <i>-</i>
	TOTAL LABOUR			\$ 960.00
	ESTIMATE TOTAL			\$ 3,252.80
	<i>Kalini 16 May N 1/3/19 11:15 hr. 2 Pgs 4/3 After Repair pls</i>			

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

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CITYCAB PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	27/02/2019
Vehicle Reg. No.:	SHB3552Z	Driveable?	NO
Party At Fault:	UNKNOWN		
Driver (TP):	TAN HIAN KIAT		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	24/09/2014
Vehicle Colour:	YELLOW	Gen Condition:	FAIR
Engine No:	D4FDEU475225	Chassis No:	KMHLB41UMEU061594
Odometer:	300000 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Description of Accident/Loss	PLS REFER TO POLICE REPORT : T/20190228/2046		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,270.16
Miscellaneous Items	10.00
Labour	960.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,240.16
+ GST 7.00% (S\$)	226.81
Nett Amount (S\$)	3,466.97

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation & Adjusting System

3442.24

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 01 Mar 2019)

Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHB3552Z/01/03/2019 18:31

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		*REAR BUMPER	20.00	0.00	*553.00 FL <i>DB</i>
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL <i>NLE</i>
3	1		*REAR BUMPER REFLECTOR LAMP RK	20.00	0.00	*30.60 FL <i>CRB</i>
4	2		*EXHAUST PIPE INSULATOR	20.00	0.00	*117.10 FL <i>XSVL</i>
5	2		*EXHAUST SILENCER	20.00	0.00	*1,935.40 FL <i>XSVL</i>
6	2		*EXHAUST PIPE HANGER	20.00	0.00	*117.10 FL <i>XSVL</i>
7	1		*REAR BUMPER RUBBER MAT	0	0.00	*50.00 FS <i>DEC</i>

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

Sub Total (\$\$) 2,825.20

- List Item Discount on L Items (\$\$) 555.04

Total Parts (\$\$) 2,270.16

ComfortDelGro Engineering Pte Ltd/SHB3552Z/01/03/2019 18:31. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

10.00 ✓

Sub Total (S\$)

10.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

700

400.00

2 SPRAY PAINTING CHARGE

New

700

300.00

3 WIRING CHARGE

New

70

30.00

4 REMOVE / REFIX REVERSE SENSOR

New

70

80.00

5 REMOVE / REFIX EXHAUST PIPE

New

150.00 X

Gross Labour Cost (S\$)

960.00

ComfortDelGro Engineering Pte Ltd/SHB3552Z/01/03/2019 18:31. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

(SUPPLEMENTARY)

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CITYCAB PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:	MD005061	Date of Loss:	27/02/2019
Vehicle Reg. No.:	SHB3552Z	Driveable?	NO
Party At Fault:	UNKNOWN		
Driver (TP):	TAN HIAN KIAT		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	24/09/2014
Vehicle Colour:	YELLOW	Gen Condition:	FAIR
Engine No:	D4FDEU475225	Chassis No:	KMHLB41UMEU061594
Odometer:	300000 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Description of Accident/Loss	PLS REFER TO POLICE REPORT : T/20190228/2046		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	202.08
Miscellaneous Items	0.00
Labour	0.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	202.08
+ GST 7.00% (S\$)	14.15
Nett Amount (S\$)	216.23
+ Previous Estimates (S\$)	3,466.97
Claim Total (S\$)	3,683.20

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 11 Mar 2019)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHB3552Z/11/03/2019 15:28**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		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL <i>UNT</i>
2	1		*REAR BUMPER SIDE BRACKET RH	20.00	0.00	*24.60 FL <i>K91C</i>
Sub Total (S\$)						252.60
- List Item Discount on L Items (S\$)						50.52
Total Parts (S\$)						202.08

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHB3552Z/11/03/2019 15:28. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

There are no labour items selected.

ComfortDelGro Engineering Pte Ltd/SHB3552Z/11/03/2019 15:28. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 709646

24 Senoko Loop Singapore 758156
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 28.02.2019 15:42

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3902344

JC NO.: 305273364

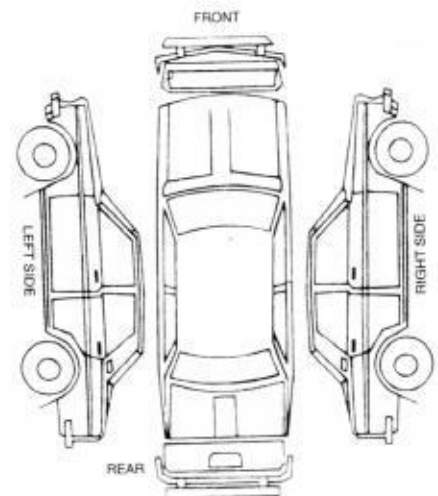
TOMER MS CITYCAB PTE LTD TOMER NO. 7010070 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O) (R) (P)	REGN NO.: SHB3552Z	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 27.02.2019 22:00
	YR OF MANU. 24.09.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU061594	COMPLETION DATE/TIME

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.02.2019
NATURE: 3P 27.02.19/B

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHB3552Z FZ TOKIO

Vehicle No.: SHB3552Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305273364
Date : 07.03.2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB3552Z

Date of Accident : 27.03.2019

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

1. The repair job shall bill to: TOKIO MARINE --- SBU4694L
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$0.00
Total for Part-By-Part Repair Cost	\$0.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$950.00
Final Lumpsum Repair cost	\$950.00

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 : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 11/3/19

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/TMI19004048/K1QD3N2

Date: 12/03/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MD005061
Claimant Vehicle No :	SHB3552Z	Insured Vehicle No :	SBU4694L
Date of Loss:	27/02/2019	Nature of Claim:	TP
		Claim No:	M1901275

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB3552Z	Engine No:	D4FDEU475225
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU061594
Reg. Date:	24/09/2014 (Man. Year: 2014)	Odometer:	643867 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:	Fair	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

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	2,472.24	716.88	1,755.36	71.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	960.00	450.00	510.00	53.13
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,442.24	1,176.88	2,265.36	65.81
Approved Total (Overridden) (S\$)		950.00		
(S\$)	3,442.24	950.00	2,492.24	72.40
+ GST 7.00/7.00% (S\$)	240.96	66.50	174.46	72.40
Nett Amount (S\$)	3,683.20	1,016.50	2,666.70	72.40

INSPECTION

Date of Assignment:	05/03/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	01/03/2019	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: SHIAU CHAN

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: 12 Mar 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHB3552Z)	
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		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER REFLECTOR LAMP RK	Cracked	30.60 FL	*30.60 FL
4	2		*EXHAUST PIPE INSULATOR	Serviceable	117.10 FL	*- FL
5	2		*EXHAUST SILENCER	Serviceable	1,935.40 FL	*- FL
6	2		*EXHAUST PIPE HANGER	Serviceable	117.10 FL	*- FL
7	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
Supplementary #1						
8	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
9	1		*REAR BUMPER SIDE BRACKET RH	Serviceable	24.60 FL	*- FL
					Sub Total (S\$)	3,077.80
					- List Item Discount on L Items 20.00/20.00% (S\$)	605.56
					Total Parts (S\$)	2,472.24
						883.60
						166.72
						716.88

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

Report was unsubmitted during this print-out.

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 (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	20.00
4	REMOVE / REFIX REVERSE SENSOR	New	80.00	30.00
5	REMOVE / REFIX EXHAUST PIPE	New	150.00	0.00
Gross Labour Cost (\$\$)			960.00	450.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >