

Surveyor: Kelvin

REF: CC3/TMI9004423/Klgd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: _____

Policy No. MJ001357

Claims No. M1901534

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

Est. or Market Value:

UAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: 2 days Res: Yes or No

Sum Sure: _____ % Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction

SHA 4644

SHA 71090

12/3/19 @ 9.37a email GIA, PR & report & estimate to Tru.

20/3/19 Email PR \$970.68 / 2 hrs. Used \$443.70, 31%

RECEIVED 20 MAR 2019

Date/Time, File Pass to?

☐ : Prel. Report

20/3/19

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

250

Transportation:

10

Acc. Fee:

☐ Site Insp

☐ Rep. Fee

☐ Rep. Fee

☐ Rep. Fee

☐ Site Insp

☐ Rep. Fee

☐ Rep. Fee

☐ Rep. Fee

260

1-B.1- 970.68

Veh No: SHA 4644 Tr Regn: 29 Sep 1206
Type: M. Car / M. Cycle / Bus / Van / Lorry / ☒ / Prime Mover /

Truck / Trailer or

Make: Hyundai cc 1685

Colour: Yellow A/C: ☒ Insu ☒ Sid / Nil / NA

Sp. Reading: 39 7282 T/Radio: Insu ☒ Sid / Nil / NA

Eng/No: _____

C/No: 1CMHCBY1UMH4 093828

Gen. Cond: Good / ☒ Poor / Burnt

Steering: Inor ☒ Jammed / Leaked / Burnt or

Brake: Inor ☒ Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD ☒ Rim or

Tyre Size: 205/60R16

RE: _____

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

TOYO / YOKO or Hankook

Front: _____ Rear: _____

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

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

D.O.A. 10/3/19 D.O.A. 11/3/19

Survey held at C.D.G.E (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooflop or

05 Front

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

To ko

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Tuesday, 12 March 2019 9:37 AM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: RE: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 10/03/2019, SHA 464U (TP Vehicle), SMH 7109D (OI Vehicle)

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 464U at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 11/03/2019.

Enclosed herewith a copy of TP's GIA report, police report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	11/03/2019 10:53
Date Of Accident	10/03/2019 18:30
Exact Location Of Accident	NEWTON CIRCUS .
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA464U
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	GAN THONG CHIA RAYMOND
NRIC No	S1742508J
Date Of Birth	26/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1988
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90024615
Fax Number	
Contact Number	
Email Address	TCMGAN@GMAIL.COM

Address	BLK 456 TAMPINES STREET 42 #03-270
Postcode	520456
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190311/2014 * TYPE OF ACCIDENT :- HIT & RUN

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	SMH7109D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G



10:00
11-05-2019

11/3/19
Jackson Hong
CSO

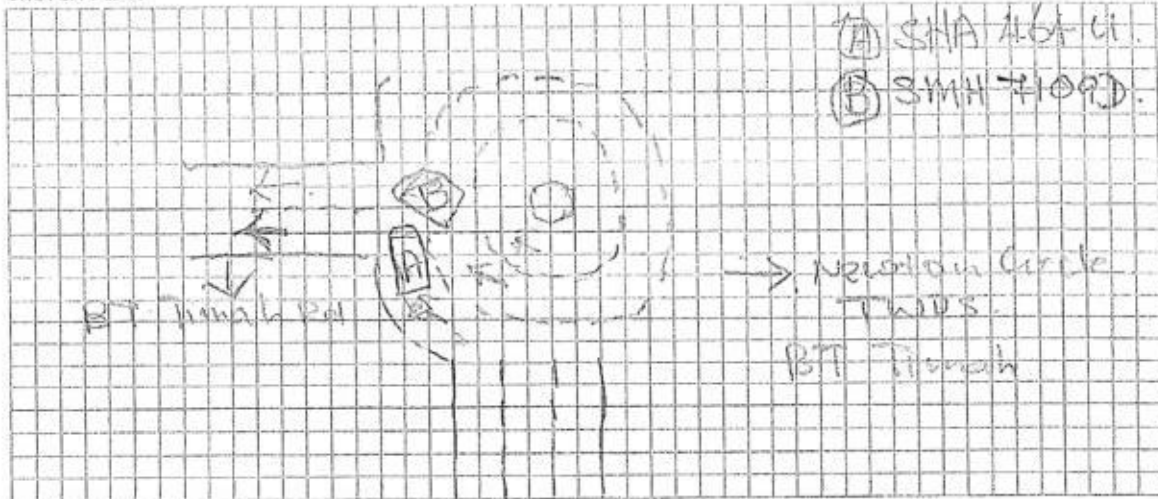
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report attach.

T/ 20190311/2014,

DECLARATION

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

CITYCAB PTE LTD
NO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

11/3/19
Jackson Hong
CEO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190311/2014

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/20190311/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 09:26		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: GAN THONG CHIA, RAYMOND			Address: APT BLK 456 TAMPINES STREET 42 #03-270 SINGAPORE 520456		
ID Type / ID No.: NRIC NO / S1742508J			Contact No.: Home/Office: Mobile: 90024615		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 26/07/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/03/2019 18:30	Type of Location: Roundabout
Location: NEWTON CIRCUS				
Towards Novena				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHA464U	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	4
SMH7109D	Car	HONDA	FIT HYBRID 1.5 AUTO	Black		0



SINGAPORE
POLICE FORCE



T/20190311/2014

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/20190311/2014

CONTINUATION OF REPORT

Brief Details.

On 10/03/2019, I was heading towards Novena, inside the Newton Circus Round about on the most left lane when suddenly a vehicle from the middle lane cut into my lane and make a left turn into Bukit Timah road thus my vehicle side swiped with the vehicle. At first I thought he would stop by the road side to make check on his vehicle and also to exchange particulars but he drove off.

During that point of time there was 4 passengers in my car, 2 adults and 2 children however no one was injured. No police was at scene.



SINGAPORE
POLICE FORCE



T/20190311/2014

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/20190311/2014

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 JOEL ZAI JUNJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/03/2019 09:26

Officer In Charge Of Case:

TP / HRT /

SSI GOH GEOK LYE

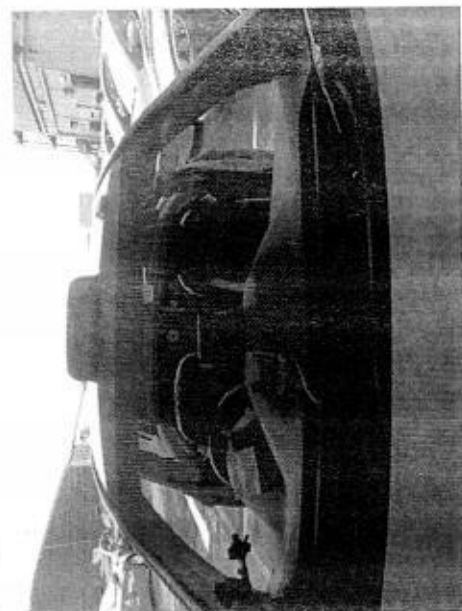
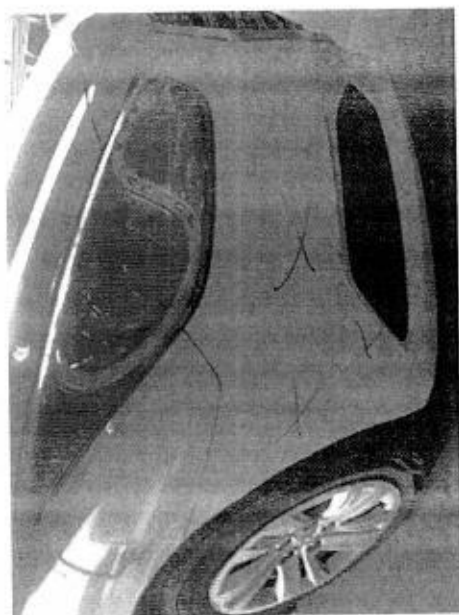
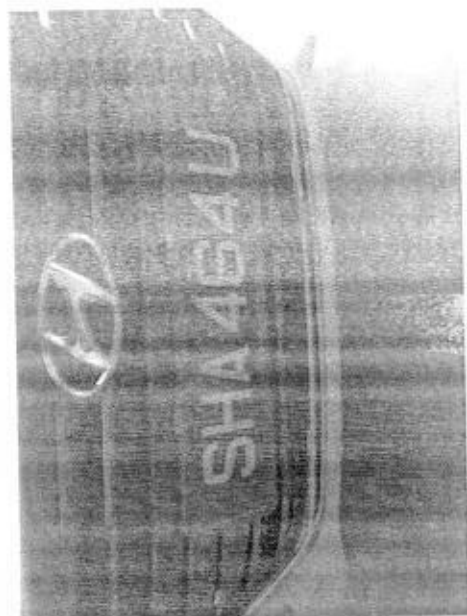
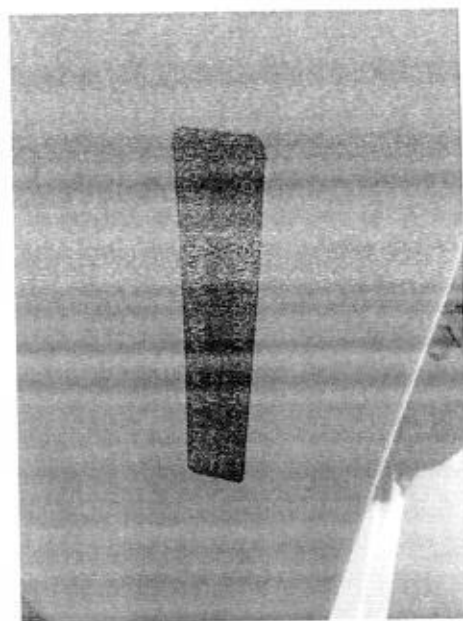
Contact No.: 65476148

Classification Of Case:

Authentication Stamp

NP168





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 464U

DATE 11/3/2019 11:36

MAKE :

MODEL : HYUNDAI i40

Lee

Tokio Marine

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X repair			\$ 544.50
	Front Bumper Bracket Top (LH) X su			\$ 22.40
	Front Bumper Bracket (LH) X su			\$ 24.60
	Frt Wheel Hub Cap, LH — hanged			\$ 107.10
	Front RH Fender X repair			
	Front RH Door X repair			
	SUB TOTAL			\$ 698.60
	LESS 20%			\$ 139.72
	DISCOUNTED TOTAL			\$ 558.88
	Front Door Logo Rhr — / su			\$ 75.00 Nett
	Labour Charge			
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 200.00 ⁶⁰⁰
	Frt Wheel Alignment			\$ 80.00 X 2
	Merimen Fee			\$ 10.00
	TOTAL LABOUR			\$ 780.00
	ESTIMATE TOTAL			\$ 1,338.88
<p>16/11/19</p> <p>11/3/19 1230 hr.</p> <p>2 by,</p> <p>P/P</p> <p>After Repair photo</p> <div data-bbox="877 1344 1404 1792" data-label="Text"> <p>14/13.88</p> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
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:	10/03/2019
Vehicle Reg. No.:	SHA464U	Driveable?	NO
Party At Fault:	UNKNOWN		
Driver (TP):	GAN THONG CHIA RAYMOND		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	29/09/2016
Vehicle Colour:	YELLOW	Gen Condition:	FAIR
Engine No:	D4FDGU674817	Chassis No:	KMHLB41UMGU093838
Odometer:	300000 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Description of Accident/Loss	REFER POLICE REPORT NO: T/20190311/2014		
Present Location:	* TYPE OF ACCIDENT :- HIT & RUN COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,040.04
Miscellaneous Items	10.00
Labour	1,380.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,430.04
+ GST 7.00% (\$\$)	170.10
Nett Amount (\$\$)	2,600.14

This claim is handled by: FAUZY BIN MOKHTAR

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/SHA464U/11/03/2019 19:29

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT BUMPER COVER	20.00	0.00	*1,052.20 FL XR
2	1		*FRONT BUMPER BRACKET TOP LH	20.00	0.00	*22.40 FL XSVe
3	1		*FRONT BUMPER BRACKET LH	20.00	0.00	*24.60 FL XSVe
4	1		*FRONT WHEEL HUP CAP LH	20.00	0.00	*107.10 FL ✓
5	1		*FRONT DOOR LOGO RH	0	0.00	*75.00 FS ✓
Sub Total (\$\$)						1,281.30
- List Item Discount on L Items (\$\$)						241.26
Total Parts (\$\$)						1,040.04

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

ComfortDelGro Engineering Pte Ltd/SHA464U/11/03/2019 19:29. 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

400.00

2 SPRAY PAINTING CHARGE, FRONT BUMPER, FRONT FENDER RH, FRONT DOOR RH.

New

900.00

3 FRONT WHEEL ALIGNMENT

New

80.00

Gross Labour Cost (S\$)

1,380.00

ComfortDelGro Engineering Pte Ltd/SHA464U/11/03/2019 19:29. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305276291

CUSTOMER

CITYCAB PTE LTD
7010070

VMS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

L (R)

(P)

(O)

Tokio Marine

REGN NO.: SHA 464U

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL: I-40

DATE/TIME IN: 10.03.2019 19:25

YR OF MANU: 29.09.2016

TARGET DATE

CHASSIS CODE: KMHLB41UMGU093838

COMPLETION DATE/TIME

SCOUT CARD NO.

JOB DESCRIPTION

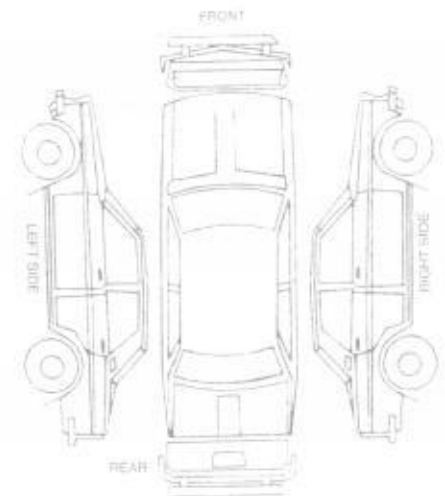
Accident Date: 10.03.2019

NATURE: 3P 10.03.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle

to:

File No:

SHA 464U

LKE

Kahni

Exit Pass

Vehicle No.:

SHA 464U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 19.03.2019

REPAIR ESTIMATE

Time: 15:39:02

Page: 1

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

JOB NO : 305276291
REGN NO : SHA 464U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 29.09.2016
DATE/TIME IN : 10.03.2019 19:25
ACCIDENT DATE : 10.03.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 L 107.10 20.00 85.68
0002 28-01-0103-0007-A (I40)FRT DOOR LOGO CCTPL 1 N 75.00 2.00- 75.00

SUB-TOTAL : 160.68

JOB NATURE

0000 L MERIMEN CHARGE 10.00
0001 L PANEL BEATING 200.00
0002 23-502 SPRAYPAINT ON AFFECTED AREA 600.00

SUB-TOTAL : 810.00

TOTAL : 970.68

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305276291
Date : 19.03.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA464U CCPL

Fax :

10.03.19

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

1. The repair job shall bill to: TOKIO MARINE SMH7109D
2. The finalized amount shall be:


(a) Spare Parts after List discount	<u>\$160.68</u>
(b) Labour Charges	<u>\$810.00</u>
Total for Part-By-Part Repair Cost	<u>\$970.68</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>


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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 20/3/19

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		NO		
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: CC3/TMI19004423/K1QD3N2

Date: 20/03/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001357
Claimant Vehicle No :	SHA464U	Insured Vehicle No :	SMH7109D
Date of Loss:	10/03/2019	Nature of Claim:	TP
		Claim No:	M1901534

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA464U	Engine No:	D4FDGU674817
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU093838
Reg. Date:	29/09/2016 (Man. Year: 2016)	Odometer:	397282 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:	205/60 R16	Rear Tyre Size:	205/60 R16
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	1,040.04	160.68	879.36	84.55
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,380.00	800.00	580.00	42.03
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,430.04	970.68	1,459.36	60.05
+ GST 7.00/7.00% (S\$)	170.10	67.95	102.15	60.05
Nett Amount (S\$)	2,600.14	1,038.63	1,561.51	60.05

INSPECTION

Date of Assignment:	12/03/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	11/03/2019	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: 20 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 SHA464U)	
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		*FRONT BUMPER COVER	Repair	1,052.20 FL	*- FL
2	1		*FRONT BUMPER BRACKET TOP LH	Serviceable	22.40 FL	*- FL
3	1		*FRONT BUMPER BRACKET LH	Serviceable	24.60 FL	*- FL
4	1		*FRONT WHEEL HUP CAP LH	Grazed	107.10 FL	*107.10 FL
5	1		*FRONT DOOR LOGO RH	Necessary	75.00 FS	*75.00 FS
6	1		*FRONT RH FENDER (NPA)	Repair	-	*- FL
7	1		*FRONT RH DOOR (NPA)	Repair	-	*- FL
					Sub Total (S\$)	1,281.30 182.10
					- List Item Discount on L Items 20.00/20.00% (S\$)	241.26 21.42
					Total Parts (S\$)	1,040.04 160.68

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 (S\$)			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, FRONT BUMPER, FRONT FENDER RH, FRONT DOOR RH.	New	900.00	600.00
3	FRONT WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (S\$)			1,380.00	800.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >