Imeur Kalvin

# REF: CC3/7MI19004542/KNd352

om Date:	_ Ven' No: SH C39 69A Yr Regn: 12 Mar, 2 15
stimate(Cost:	
	Type: M.Car / M.Cycle / Bus / Van / Lorry / T 1 Prime Mover /
OUT PINS ITP RESIDD RESIEVA INVINV	Truck / Trailer or
o Insped Vehicle Ho:	Make: Hunte Ito sc 1685
( Workstop m/s	Colour Blue A/C: Insufal Std / RI / NA
1	Sp. Reading 4 6 3242 T/Radio: Insu@d/Std/NI/NA
osured: SMG 3178K!	Eng/No:
Policy Na. MTI11566	
Mains Nr. M1901536	Gen. Cond: Good 1 to 1 Poor 1 Burnt .
Tum In SURd; Excess:	Sleering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ino Ner / Jammed / Leaked / Burnt or
Hake of Veh:	
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(Policy Condition)	Tyre Size: F: 205/60816
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icpair at the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA (MIC / OHTSU / PIR / SUM)
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DAC Accident Roori: Consistent? : Yes or No	R/Bal. : 1 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 100 mm L/Bal. 7 mm
Est Repairs: days Res.: Yes or No	D.O.A. 9/3/14 A D.O.I. 12/3/19
Lum Sum: % 3 Val.: Yes or No	Survey held at CD Gr E / Lovana)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt   Rear   OIS   NIS   UIC   Rooflop or
Dale: Person Contacted: Vehicle: IN	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
SHC3169A-CC4/AIG18009	057 Dhen3,2 DUA; 18/5/18 Tokio
SM(03178)2-×	057/Dhen312 DUA: 15/5/18 To Kino.
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# ...CLAIM SUBFOLDER...(Pending for Survey Report)

Case	Notified	Est Submitted	Adl Assigned	Adj Rpt	Adj S	ubmitted	Ins Auth'ed	Status	
	13 Mar 2019 16:53 Sendback Est	13 Mar 2019 16:56 <b>\$\$2,253.88</b>	13 Mar 2019 17:00 Edit Adj Rpt					Pending for S Report Cancel Case	Survey
þ	Main	Ref	erence		Claim Details		Documents		Show All
CLAIM SU	BFOLDER DET	AILS	MATERIAL PROPERTY OF THE PARTY			RESISTANCE OF THE PARTY OF THE	ALLESSO ALLES AL LA CONTROL	OKINCHO IGNASINISI	
Insured:	CTPL, Co.	Reg. No.: 199303	821R						
Main Claimant:	CTPL								
Vehicle Reg. No.:	shc3969A				Date of Loss		09/03/2019 11:00 - :59 [47 Months and 25 Days From LTA Reg Date (Man Yr)]		
Claim Type:	<b>TP</b> / M190	01536			Policy/Cover Note No.:	MT111506 (Comprehensive) Coverage: 20/12/2018 - 07/03/2020			
Vehicle Reg. No. (Insured):	SMG3178K				Policy No. (Claimant):				
			WW. U. C. W.		Excess:	S\$0.00			
Repairer:	ComfortDe	IGro Engineering	g Pte Ltd (Loya	ng) 59 Loya	ang Drive, 508	969 Loyang -	Tel: 6214 8300		
Handling Insurer:	Tokio Mari	ne Insurance Sir	ngapore Ltd (Ho	<b>Q) -</b> Tel: 62	21 6111 [Ha	andled by <b>Dil</b>	len Senthilan so	Selvarajoo]	
Adjuster:	22/03/20:	ionsultants Pte L [9]	.td (HQ) - Tel: 6	256-3561 .	[Handled by	KALVIN AN	G WEI KUN ]	(Final Rpt du	9
ASSOCIAT	ED MAIL REC	EIVED					Vi	ew All   Compo	se Case Mail
There are n	mail for this c	ase.							
ALL ASSO	CIATED TASK	:s⊟				View All	Search Tasks	Create New Task	Complete
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No results.					COCCE NORCES	18400000010			

# Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Wednesday, 13 March 2019 1:46 PM

To:

SUR; motorclaims@tokiomarine.com.sg

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE

LTD, DOA: 9/3/2019, SHC 3969A (TP VEHICLE), SMG 3178K (OI VEHICLE)

Attachments:

EST.pdf; GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 3969A at M/s: COMFORTDELGRO ENGINEERING PTE LTD,59 LOYANG DRIVE SINGAPORE 508969 on 12/3/2019

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

Kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

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

	ACCIDENT STATEMENT
Date Of Report	11/03/2019 07:12
Date Of Accident	09/03/2019 11:25
Exact Location Of Accident	PASIR RIS DRIVE 6 X JUNCTION OF PASIR RIS ST 11.
Country/State of Loss	SINGAPORE
A POST TO THE WAY TO SEE STATE THE PROPERTY OF THE PARTY	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC3969A
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM,SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	QUEK CHING CHUAN
NRIC No	S1340631F
Date Of Birth	03/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	03/08/1958
Driving Experience	60 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85337737
ax Number	

NOEMAIL

Address

12 02-62 YORK HILL

Postcode

163012

Laboration and the second seco

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

8

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

20

CA

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

3

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMG3178K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT RHT

No. Of Passenger (Including Driver)

Page 2 of 14

- No. 11 11 11		
	Sketch Plan Pg. 1	
· Set		
763		
ě.	SKETCH PLAN	
	B) SM6 3 F1	
	Paga Ris diff.	
	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	n, Aria J
	On 9/3/2019 of about 1/25 kms, I vehicle A was	
	driving my taxi along Pasir ris drive 6 toward Pasir	
	ris street 11- While I was in the middle lang-	
	vehicle B on my left Enddenly hie sway right graz	zed
	against vehicle A left front partion.	
		-
***		
		_
	DECLARATION	-
	I/We declare the foregoing particulars are true in every respect.  COMFORT TRANSPORTATION PTE LIL  CO. REG. NO. 1993038218  ALAL THAL CHIAL  Jackson Heng  HCK. N.	
	Policyholder's Signature  Policyholder's Signature  Policyholder's Signature  Reporting Centre Personnel's Signature	

Reporting Centre Personnel's Signature

### Sketch Plan Pg. 2

#### 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 Pollcyholder 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.
- G. 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")
- 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
- 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.
- 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.
- 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

Policyholder's Signature Date & Time:

river's Signature

(If driver is not the policyholder)

(WEK

Date & Time:

10/3/19

Jackson Hagg C30

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



ComfortDelGro Engineering Pte Ltd

COMFORTDELCRO

Date/Time: 11.03.2019 17:49

REGN NO.: SHC3969A

HYUNDAI

I-40

VR OF MANUE.03.2015

Page : 1

Team:

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

MAKE

MODEL

JC NO.: 305276584

11.03.2019 15:30

FUEL

CHASSIS CODE KMHLB41UMFU065444 COMPLETION DATE/TIME:

CIMER

COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

5508755

JOB DESCRIPTION

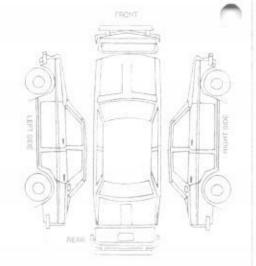
Accident Date: 09.03.2019

NATURE: 3P 09.03.19/C

S/NO

LABOR CODE

DESCRIPTION



:KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

SHC3969A

LIMTS

Vehicle No.:

Exit Pass

SHC3969A

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD TO KIO MAYING - CL menmen VEHICLE NO: SHC 3969A DATE 12/3/2019 W/ Han Kook MAKE MODEL : HYUNDAI i40 Parts Description/ Labour Qty Type Unit Price Amount vetno Front Bumper Cover 544.50 Front Bumper Bracket Top (LH) 🦫 S 22.40 Front Bumper Bracket (LH) 🔭 S 24.60 Front Wheel Hub Cap (LH) \_ hand 8 107.10 Front Feather (LH) & report From Don ((11) × rept SUB TOTAL

Ren Don ((11) × rept LESS 20%

DISCOUNTED TOTAL 698.60 139.72 558.88 Front Door Comfort Logo (LH) 75.00 Nett Rear Door Comfortdelgro & Apps Sticker (LH) 80.00 Nett 155.00 Labour Charge Panel Beating 400.00 Spray Painting Charge-Bumper/Fender/Door x2 Tuff Kote FRT Wheel Alignment 80.00 TOTAL LABOUR 1,530.00

LKK Auto Consultants hence notify the Reparer of the following:

12/3/19 1110 hz

3 An

U/S

Across 5

Separation

Across 5

Separation

Bate:

2,243.88

2253.88

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.

ESTIMATE TOTAL

## COMFORTDELGRO ENGINEERING

Our Job Ref No : 305276584 ComfortDelGro Engineering Pte Ltd 14/03/19 Date 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM Fax: KALVIN ANG Attn : Vehicle Reg No. : SHC3969A Date of Accident :\_\_\_ 09-Mar-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 SMG3178K 2. The finalized amount shall be: (a) Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% \$1,350.00 Final Lumpsum Repair cost \$1,350.00 3. Estimated normal period for repairs: 3 working days. 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days We confirm the estimates and 5. Thank you for your assistance. finalized amount Signature: Signature LIMTS KALVIN Name 62148398 Tel Date 65468156 Fax For Official Use Only Document Confirm By Item Attached Amount Remarks (Signature) Yes or No Rental Rate P/Day YES 2. Loss of Income Paid NO Survey Fees -----

Remark				

\$7.49

LTA Search Fee

Overrun

Medical Fees (on behalf of driver, if applicable)

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

Case 1	votified	Est Submitted	Adj Assigned	Adj Rpt	Adj Su	bmitted	Ins Auth'ed	Status	
2000 HIS	13 Mar 2019 16:53 Sendback Est	13 Mar 2019 16:56 <b>\$\$2,253.88</b>	13 Mar 2019 17:00 Edit Adj Rpt	S\$1,350.00 Edit Estimates	S\$1,3	POR PORT OF THE PROPERTY OF TH		Pending for S Report Cancel Case	urvey
M	ain	Ref	erence	Claim I	Details		Document	s [	Show All
CLAIM SUE	FOLDER DET	AILS	No. of the last of	and the same of the same of		THE R. LEWIS CO., LANSING			
Insured:	CTPL, Co.	Reg. No.: 19930:	3821R						
Main Claimant:	CTPL								
Vehicle Reg. No.:	9. SHC3969A			Date	of Loss:	09/03/2019 11:00 - :59 [47 Months and 25 Days From LTA Reg Date (Man			Man Yr)]
Claim Type:	TP / M1901536			Polic Note	y/Cover No.:	MT111506 (Comprehensive) Coverage: 20/12/2018 - 07/03/2020			
Vehicle Reg. No. (Insured):	SMG3178K				y No. mant):				
				Exce	ss:	S\$0.00			
Repairer:	ComfortDe	lGro Engineerin	g Pte Ltd (Loya	ng) 59 Loyang Dri	ve, 5089	69 Loyang	- Tel: 6214 8300		
Handling Insurer:	Tokio Marii	ne Insurance Si	ngapore Ltd (H0	2) - Tel: 6221 611	1 [Har	ndled by <b>D</b>	illen Senthilan so	Selvarajoo]	
Adjuster:	22/03/201	onsultants Pte .9]	Ltd (HQ) - Tel: 6	256-3561 [Han	dled by <b>K</b>	(ALVIN A	NG WEI KUN ]	[Final Rpt due	
ASSOCIATI	ED MAIL REC	EIVED					V	iew All Compos	e Case Ma
There are no	mail for this c	ase.							
ALL ASSO	CIATED TASK	s⊟				View All	Search Tasks	Create New Task	Complet
Due Date	Priority	Type Task (	Group Subje	ct Handler	Assign	ed By	Completed On	Created On	Done
No results.									

# **Claim Documents**

SHC3969A (M1901536) [SMG3178K] TP CTPL Mar 9 2019 11:00AM [CTPL] ComfortDelGro Engineering Pte Ltd

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Ass	sessment Reports		1 per	page ▼	V
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30	14/03/19 07:58	General View	0	Load JPG	•
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1	13/03/19 16:57	E-filed GIA report	1 Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbna	il Print
1	13/03/19 16:57	EST	€ Load PDI	
2	13/03/19 16:57	GIA	1 Load PDI	
3	13/03/19 16:58	LKK NOTIFICATION TO SURVEY CDGE-ASSIGNED	♠ Load PDF	

# **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, Pava 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/TMI19004542/K1VD3S2

Date:

15/03/2019

REFERENCE

Handling Insurer:

Tokio Marine Insurance Singapore Ltd

Policy No:

MT111506

Claimant Vehicle

SHC3969A

Insured Vehicle No:

SMG3178K

No: Date of Loss: 09/03/2019

Nature of Claim:

TP

Claim No: M1901536

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC3969A

Make & Model:

HYUNDAI 140, 1.7 D CRDi (A) 12/03/2015 (Man. Year: 2014)

Engine No:

D4FDEU479917

463242 km

Reg. Date:

Chassis No: Odometer:

KMHLB41UMFU065444

Colour: Engine Capacity: Blue

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):

Engine Modification: Yes

Pre-accident Condition: No

Good

CONDITION OF TYRES

Front Tyre Size:

205/60R16

Rear Tyre Size:

205/60R16

Front Left Side:

Hankook 7 mm

Hankook 7 mm

Rear Left Side: Rear Right Side:

Hankook 7 mm Hankook 7 mm

Front Right Side: The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	713.88	676.28	37.60	5.27
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,530.00	1,000.00	530.00	34.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,253.88	1,686.28	567.60	25.18
Approved Total (Overridden) (S\$)		1,350.00		
(S\$)	2,253.88	1,350.00	903.88	40.10
+ GST 7.00/7.00% (S\$)	157.77	94.50	63.27	40.10
Nett Amount (S\$)	2,411.65	1,444.50	967.15	40.10

INSPECTION

Date of Assignment:

13/03/2019

Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected:

12/03/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive

Estimated Period of Repair:

3.0 days

Singapore 508969

Adjuster:

KALVIN ANG WEI KUN

Manager:

VERON CHEN

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

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen\_printrpt&caseid=801802&extid=297846&CFID=49844910&C... 1/4

any other liability under any other circumstances is hereby expressly excluded.

# REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 15 Mar 2019)

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

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

Print Code: (Unsubmitted, no print-code for SHC3969A)

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		*FRT BUMPER	Deformed	544.50 FL	*544.50 FL
2	1		*FRT BUMPER UPR BRKT LH	Serviceable	22.40 FL	*-FL
3	1		*FRT BUMPER BRKT LH	Serviceable	24.60 FL	*-FL
4	1		*FRT WHEEL CAP LH	Grazed	107.10 FL	*107.10 FL
5	1		*FRT DOOR COMFORTDELGRO LH	Necessary	75.00 F	*75.00 FS
6	1		*REAR DOOR APPS STICKER LH	Necessary	80.00 F	*80.00 FS
7	1		*FRONT FENDER (LH) (NPA)	Repair		*-FL
8	1		*FRONT DOOR (LH) (NPA)	Repair	500	*-FL
9	1		*REAR DOOR (LH) (NPA)	Repair	9.1	*-FL
F=Fra	nchise	part. S=SpcNe	tt, L=ListItemDisc.	_		
				Sub Total (S\$)	853.60	806.60
			- List Item Discount or	L Items 20.00/20.00% (S\$)	139.72	130.32
				Total Parts (S\$)	713.88	676.28

Report was unsubmitted during this print-out,

Recommended M	liscellaneous	Items
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No Qty Particulars		Repairer's	Amount
Miscellaneous Items			
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
Labour Items			
1 PANEL BEATING	New	400.00	200.00
2 SPRAY PAINTING	New	1,000.00	800.00
3 TUFF KOTE	New	50.00	0.00
4 WHEEL ALIGNMENT	New	80.00	0.00
	Gross Labour Cost (S\$)	1,530.00	1,000.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >