

CC3/TMI 19005783/mvd302

REF:

TMI

TS

Assigner: NAZ

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLM 996R

Policy No. _____

Claims No. _____

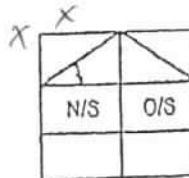
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 8678G Yr Regn: 11 JUN 2015

Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: 14Y WDAI 140 C.O. 1/685

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 593, 211 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL84 2UMFU 069476

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 205/60R16

R: 11

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 31/3/19

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FRONT

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

SHC 8678G - CS / FC11804231 / A03n2 DOA - 21/09/2018

SLM 996R - X

2/4/19 Email GIA to TMI

5/4/19 FINALIZED LUMP SUM REPAIR \$1550.00 / 4 DAYS

(Red 2003-32, 58M)

RECEIVED 8 APR 2019

Date/Time, File Pass to?

☐ : Prelim Report
☐ : Final Report

1) Date/Time, File Return to?

2) 8/4 - typist

Report Format: merimen

Lump Sum / I.B.I: (\$ 1550/2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: \$1

Photos

Others

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

TOTAL

290

10

260

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 2 April 2019 3:31 PM
To: SUR; motorclaims@tokiomarine.com.sg
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 31/3/2019, SHC 8678G (TP VEHICLE), SLM 996R (OI VEHICLE)
Attachments: GIA.pdf; EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 8678G at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 1/4/2019

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

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	01/04/2019 08:20
Date Of Accident	31/03/2019 08:45
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT AFTER UPPER CHANGI RD E
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8678G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

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

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	TEO KIM LENG
NRIC No	S1380330G
Date Of Birth	14/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91738282
Fax Number	
Contact Number	
Email Address	TEOKL7713@YAHOO.COM.SG

Address	BLK 342 UBI AVENUE 1 #04-935
Postcode	400342
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	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	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

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

REFER ATTACHED

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	SLM996R
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RH 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.

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

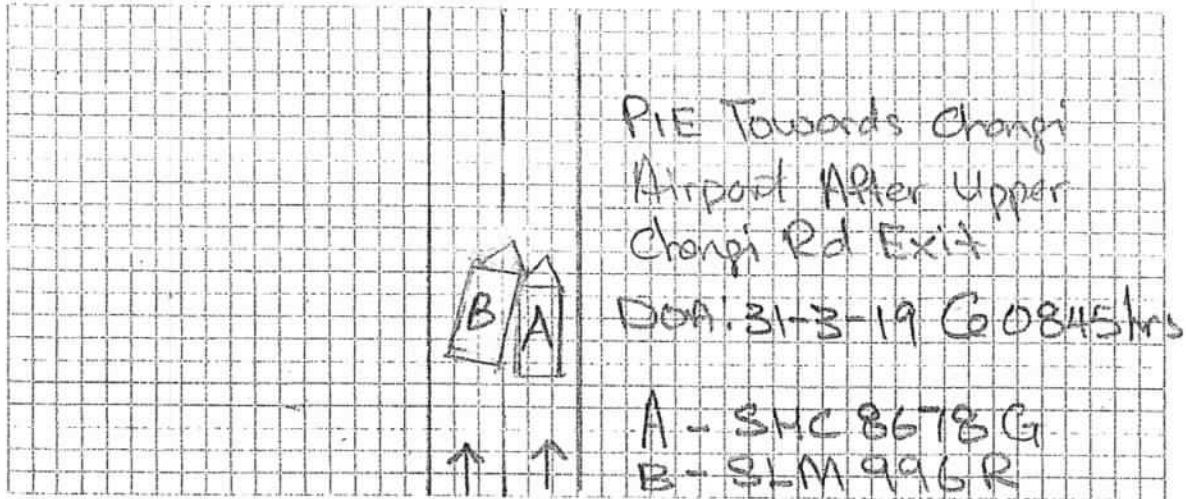
Fauzy

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

ON 31-03-19 @ 0845hrs I was driving along PIE towards Changi Airport After Upper Changi Rd Exit straight road on extreme right lane.

Suddenly Vehicle (B) SLM 996 R cross into my lane and cause my taxi collision with Veh (B) on left front portion cause damaged.

There is Video Footage On the Scene.
There is total 3 Passengers On board at my taxi and No injury.

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.:

Fauzy

COMFORTDELGRO

Date/Time: 01.04.2019 09:19 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305282951

OMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

IS
OMER NO.
IESS

(R)
(P)

(O)

REGN NO: SHC8678G

MILEAGE

MAKE: HYUNDAI

FUEL

E 1/2 F

MODEL I-40

DATE/TIME IN 31.03.2019 09:15

YR OF MANU 11.06.2015

TARGET DATE

CHASSIS CODE KMHLB41UMFU069476

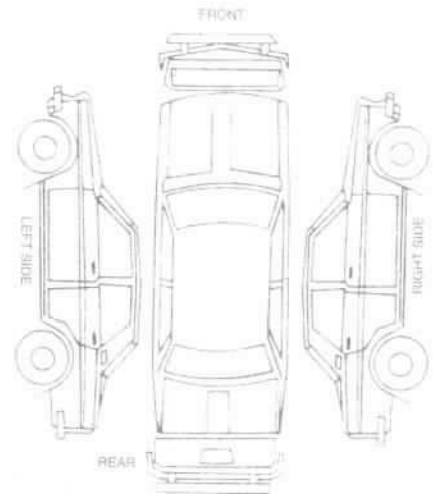
COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 31.03.2019
NATURE: 3P 31.03.19

S/NO LABOR CODE DESCRIPTION



VED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHC8678G LIMITS

Vehicle No.: SHC8678G

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

Tokio Marine-45

TS

VEHICLE NO : SHC 8678G

DATE 1/4/2009

MAKE :

Tyre Brand: _____

MODEL : HYUNDAI i40

LKK

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Front Fender (LH)			\$ 566.30
	Front Fender Shield (LH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	Front Door Mirror Assy (LH)		(fashed)	\$ 670.00
	Frt Wheel Hub Cap, LH			\$ 107.10
	SUB TOTAL		651.60	\$ 2,135.40
	LESS 20%			\$ 427.08
	DISCOUNTED TOTAL		521.28	\$ 1,708.32
	Front Door Comfort Logo (LH)			\$ 75.00
	Front Door Advertisement Logo (LH)			\$ 100.00
			175	\$ 175.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring			\$ 30.00
	Tuff Kote			\$ 50.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR		1240	\$ 1,860.00
	ESTIMATE TOTAL		1,936.28	\$ 3,743.32
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature: _____</p>			1,549.02
				3753.32

XR
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XR
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XSVL
XSVL

Nett
Nett

600
600
XNN
40
XNN

+10

NA2 LKK
1/4/19 1615
LIS
4 days
CIT LKK ITEMS PHOTO
AFTER REPAIR PHOTO

2/4/19

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.

Our Job Ref No : 305282951
Date : 04/04/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHC8678G

Date of Accident : 31-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 --- SLM 996R
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% \$1,550.00
Final Lumpsum Repair cost \$1,550.00

3. Estimated normal period for repairs: 4 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 : LIM T S

Name : NAZ

Tel : 62148398

Date : 5/4/19

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: FRT BUMPER WAS REPLACED.

Veron Chen (LKKAuto)

From: Naz (LKKAuto)
Sent: Friday, 5 April 2019 11:20 AM
To: Lim Tien Siong
Cc: Veron Chen (LKKAuto); SUR
Subject: Re: SHC 8678G FINALIZATION
Attachments: FINALIZED.pdf

Dear Mr Lim,

Finalized Lump Sum Repair \$1,550 / 4 Repair Days subject to insurance approval.

Thank you.

Best Regards,

Naz | Technical Investigator

LKK Auto Consultants

Phone: 6841-2157 | Email: Naz@lkkauto.com | Fax: 6256-4315

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

From: Lim Tien Siong <limts@cdge.com.sg>
Sent: Thursday, 4 April 2019 3:03 PM
To: Naz (LKKAuto)
Cc: Calvin Ang (LKKAuto)
Subject: SHC8678G - Photos

Hi Naz,

Fyi - Front bumper (Replaced)
After paint.

Best Regards,
Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	01 Apr 2019 Sendback Est	01 Apr 2019 18:26 S\$3,753.32	03 Apr 2019 11:23 Edit Adj Rpt	S\$1,550.00 Edit Estimates	S\$1,550.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: LCRF PTE. LTD., Co. Reg. No.: 201624597K									
Main Claimant: COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R									
Vehicle Reg. No.:	SHC8678G	Date of Loss:	31/03/2019 08:00 - :59 [45 Months and 20 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1902222	Policy/Cover Note No.:	MK000192 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLM996R	Policy No. (Claimant):							
		Excess:	S\$1,600.00						
Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
Handling Insurer: Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 12/04/2019]									
Adj Asg. Remarks: Please check consistency. Kindly note that our Insured has not reported 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.									

Claim Documents

SHC8678G (M1902222)
[SLM996R]
TP
COMFORT TRANSPORTATION PTE LTD
Mar 31 2019 8:00AM
[LCRF PTE. LTD.]
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View

View in Browser

Assessment Reports

1 per page



No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	01/04/19 18:26	Repairer Estimates		Load HTM	

Photos/Images

3 per page



No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
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2	05/04/19 11:22	General View		Load JPG	<input checked="" type="checkbox"/>
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6	05/04/19 11:22	General View		Load JPG	<input checked="" type="checkbox"/>
7	05/04/19 11:22	General View		Load JPG	<input checked="" type="checkbox"/>
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12	05/04/19 11:22	General View		Load JPG	<input checked="" type="checkbox"/>
13	05/04/19 11:22	General View		Load JPG	<input checked="" type="checkbox"/>
14	05/04/19 11:22	General View		Load JPG	<input checked="" type="checkbox"/>
15	05/04/19 11:23	Dismantled Parts		Load JPG	<input checked="" type="checkbox"/>
16	05/04/19 11:23	Dismantled Parts		Load JPG	<input checked="" type="checkbox"/>
17	05/04/19 11:23	Dismantled Parts		Load JPG	<input checked="" type="checkbox"/>
18	05/04/19 11:23	Dismantled Parts		Load JPG	<input checked="" type="checkbox"/>
19	05/04/19 11:23	Dismantled Parts		Load JPG	<input checked="" type="checkbox"/>
20	05/04/19 11:23	Photo After Spray		Load JPG	<input checked="" type="checkbox"/>
21	05/04/19 11:23	Photo After Spray		Load JPG	<input checked="" type="checkbox"/>
22	05/04/19 11:23	Photo After Spray		Load JPG	<input checked="" type="checkbox"/>

Documentation

1 per page



No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)		Thumbnail	Print
1	09/04/19 14:17	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee		Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	01/04/19 18:26	E-filed GIA report		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

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

^

v

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: CC3/TMI19005783/NVD3E2
Date: 16/04/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd Policy No: MK000192
Claimant Vehicle No : SHC8678G Insured Vehicle No : SLM996R
Date of Loss: 31/03/2019 Nature of Claim: TP Claim No: M1902222

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8678G
Make & Model: HYUNDAI I40, 1.7 D CRDi (A) Engine No: D4FDEU463460
Reg. Date: 11/06/2015 (Man. Year: 2015) Chassis No: KMHLB41UMFU069476
Colour: Blue Odometer: 593211 km
Engine Capacity: 1685 cc
Market Value/New Car Price: N/A
Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16
Front Left Side: CST 6 mm Rear Left Side: CST 5 mm
Front Right Side: CST 6 mm Rear Right Side: CST 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,883.32	696.28	1,187.04	63.03
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,860.00	1,240.00	620.00	33.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,753.32	1,946.28	1,807.04	48.15
Approved Total (Overridden) (S\$)		1,550.00		
(S\$)	3,753.32	1,550.00	2,203.32	58.70
+ GST 7.00/7.00% (S\$)	262.73	108.50	154.23	58.70
Nett Amount (S\$)	4,016.05	1,658.50	2,357.55	58.70

INSPECTION

Date of Assignment: 03/04/2019 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected: 01/04/2019 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)
59 Loyang Drive
Singapore 508969
Estimated Period of Repair: 4.0 days

Adjuster: Muhammad Nazril Bin Abdullah**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 any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 16 Apr 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 SHC8678G)	
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	Cracked	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 FENDER LH	Repair	566.30 FL	*- FL
5	1		*FRT FENDER SHIELD LH	Serviceable	175.90 FL	*- FL
6	1		*FRT FENDER RETAINER LH	Serviceable	24.60 FL	*- FL
7	1		*WING MIRROR LH	Serviceable	670.00 FL	*- FL
8	1		*FRT WHEEL CAP LH	Cracked	107.10 FL	*107.10 FL
9	1		*FRT DOOR COMFORTDELGRO LH	Necessary	75.00 F	*75.00 FS
10	1		*FRT DOOR ADV.STICKER LH	Necessary	100.00 F	*100.00 FS

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

Sub Total (\$\$)	2,310.40	826.60
- List Item Discount on L Items 20.00/20.00% (\$\$)	427.08	130.32
Total Parts (\$\$)	1,883.32	696.28

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Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	800.00	600.00
2	SPRAY PAINTING	New	900.00	600.00
3	WIRING CHECK	New	30.00	0.00
4	TUFF KOTE	New	50.00	40.00
5	FRT WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (S\$)			1,860.00	1,240.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >