

Surveyor: Kelvin

REF:

CC3/TMI/9006336/Klgd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

st Workshop m/s _____

of _____

Insured: SLU 9259JPolicy No. MT002090Claims No. MT92460

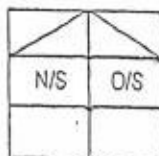
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 31246 Yr Regn: 30 Aug, 2013Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or _____

Make: Hyundai 2.0 c.c. 1600Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 10 7 6 5 66 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLD414MD403888Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 2.05/60R16

R: _____

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

TOYO / YOKO or U.S.P. (L)

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 6/4/19 D.O.I. 9/4/19Survey held at CDHE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Roof/tp or

n/s Body

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

Date / Time	Action / Instruction
	SHA 31246 - CC3/MT/19006336/MT92460
	SLU 9259J - NA/MT/19006336/MT92460
10/4/19	4.19 PM Email to police report & estimate to TMI
11/4/19	Estimated 95 \$ 2650 / 3 Pgs. (Red 61228.16, 3710)

RECEIVED 11 APR 2019

Delete Time, File Pass to? ☐ : Prell. Report1) 1/4 turn ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format: MT-TP

Lump Sum / B.B. (\$ _____)

MT-TP2650

250

10

260

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 10 April 2019 4:19 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 06/04/2019, SHA 3124G (TP VEHICLE), SLU 9259J (OI VEHICLE)
Attachments: SHA3124 EST.pdf; SHA3124 GIA.pdf; SHA3124 PR.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 3124G at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 09/04/2019.

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

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)

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLU9259J	06 Apr 2019 / 06:00:00	Successful	A06	TOKIO MARINE INSURANCE SINGAPORE LTD
SLU9259J	06 Apr 2019 / 06:00:00	Successful	C05	LIBERTY INS P L

Disclaimer message:

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

[Previous](#)[OK](#)

SHA 31246

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	08/04/2019 09:31
Date Of Accident	06/04/2019 06:00
Exact Location Of Accident	ANG MO KIO AVE 1 X ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3124G
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	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	SOH TIONG AN
NRIC No	S1216345B
Date Of Birth	23/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91076323
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 116B RIVERVALE DRIVE #17-28
Postcode	542116
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190406/2037

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	SLU9259J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	AMANULLAH SICKKANDER
NRIC/Passport Number	S2662495I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SOH TIONG AN
Approximate Age	
Injuries Sustain	CHEST AND NECK
Injured person in which vehicle?	SHA3124G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

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

Policyholder's Signature
Date & Time:

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

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

Loke Wei Yiong

7/4/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/ 20190406 / 2087.

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.:

[Signature]
Loke Wei Yeng
7/4/19



SINGAPORE
POLICE FORCE



T/20190406/2037

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190406/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2019 14:06		Vide Report No.:		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: SOH TIONG AN			Address: APT BLK 116B RIVERVALE DRIVE #17-28 SINGAPORE 542116		
ID Type / ID No.: NRIC NO / S1216345B			Contact No.: Home/Office: Mobile: 91076323		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 23/05/1956	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/04/2019 15:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 1 ANG MO KIO AVENUE 6 At the junction of Ang Mo Kio ave 1 and ave 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3124G	TAXI				Slightly Damaged	2
SLU9259J	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190406/2087

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190406/2087

CONTINUATION OF REPORT

Driver			
Name	SOH TIONG AN		ID No. S1216345B
Related Vehicle	NIL		Contact No. 91076323
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AMANULLAH SICKKANDER		ID No. S26624951
Related Vehicle	NIL		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

Brief Details.

On 06/04/2019 at about 0600hrs, I was traveling down Ang Mo Kio Avenue 1 in the direction of Upper Thomson. There was a car SLU9259J going to turn left from Ang Mo Kio Avenue 6 to Ang Mo Kio Avenue 1. I was doing a U-turn on Ang Mo Kio Avenue 1. The abovementioned car turned left onto Ang Mo Kio Ave 1 as I was doing the U-turn and our vehicles collided. The other vehicle's front hit my vehicle's side. I was conveyed by ambulance to Tan Tock Seng Hospital and was granted 3 days MC from 06/04/2019 to 08/04/2019.



SINGAPORE
POLICE FORCE



T/20190406/2087

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

3 of 3




Report No: T/20190406/2087

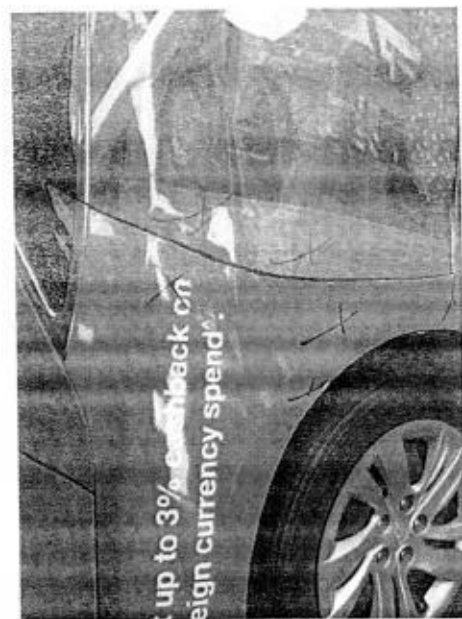
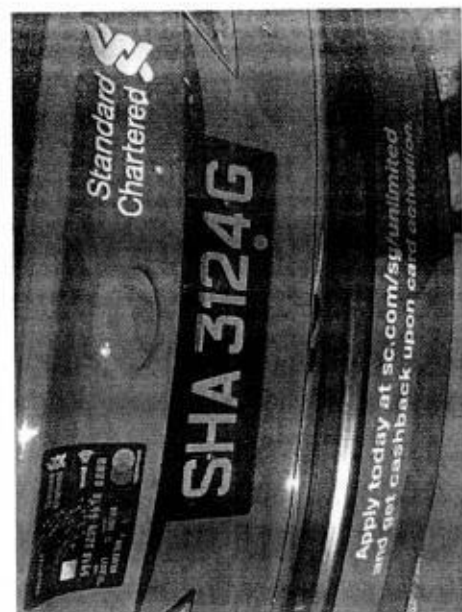
CONTINUATION OF REPORT

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: F / Insp SOH WEI LI, VERONICA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/04/2019 14:06
Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65476438	Classification Of Case:
Authentication Stamp NP158	



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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)

COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: India International Insurance Pte Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	06/04/2019
Vehicle Reg. No.:	SHA3124G	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	SOH TIONG AN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	30/08/2013
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU561959	Chassis No:	KMHLB41UMDU038808
Odometer:	76564 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/20190406/2037		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	2,558.16
Miscellaneous Items	10.00
Labour	1,310.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,878.16
+ GST 7.00% (S\$)	271.47
Nett Amount (S\$)	4,149.63

This claim is handled by: NG NYUK PHIN

Larry Ng

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 09 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: ComfortDelGro Engineering Pte Ltd/SHA3124G/09/04/2019 10:34
 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 FENDER - LH - Rklk	20.00	0.00	*566.30 FL
2	1		*FRONT DOOR - LH - Rklk	20.00	0.00	*2,256.40 FL
3	1		*COMFORT STICKER - LHF DOOR - ne	0	0.00	*100.00 FS 75
4	1		*ADVERTISEMENT - LHF FENDER - ne	0	0.00	*100.00 FS
5	1		*ADVERTISEMENT - LHF DOOR - ne	0	0.00	*100.00 FS

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

Sub Total (S\$)	3,122.70
- List Item Discount on L Items (S\$)	564.54
Total Parts (S\$)	2,558.16

ComfortDelGro Engineering Pte Ltd/SHA3124G/09/04/2019 10:34. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Larry Ng

No	Qty	Particulars
----	-----	-------------

Amount

1	1	OD/TP Case (Insurer)
---	---	----------------------

10.00

Sub Total (S\$)

10.00

No	Particulars
----	-------------

Lab.Type

Amount

1	PANEL BEATING
2	SPRAY PAINTING
3	TUFF KOTE
4	WIRING CHARGE
5	TRANSFER OF DOOR

New

New

New

New

New

Gross Labour Cost (S\$)

1,310.00

ComfortDelGro Engineering Pte Ltd/SHA3124G/09/04/2019 10:34. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Какой реки

N 9/4/19 1110h

3 days

45

43
After Repan photo

Contractor Consultants hence notify the Repairer of the following:

- To survey the accident site, taking
- To prepare a survey report during survey
- To provide a written report
- To provide a written report on a "No Fault - Prejudice" basis
- To obtain approval from the Repairer
- Supplementary items, must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

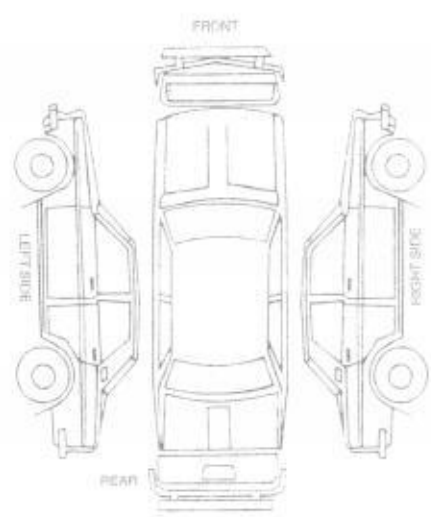
Date:

COMFORTDELGRO

Date/Time: 08.04.2019 15:21 Page : 1

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO:	305285515
CUSTOMER	COMFORT TRANSPORTATION PTE LTD	VARs	REGN NO:	SHA3124G	MILEAGE
VMS	7010045		MAKE:	HYUNDAI	FUEL
CUSTOMER NO.	383 SIN MING DRIVE		MODEL	I-40	E.....1/2.....F
ADDRESS	Singapore SINGAPORE 575717		YR OF MANU	30.08.2013	DATE/TIME IN
	65508755		CHASSIS CODE	KMHLB41UMDU036808	06.04.2019 06:00
					TARGET DATE
					COMPLETION DATE/TIME:
SCOUNT CARD NO.					

JOB DESCRIPTION		
Accident Date: 06.04.2019		
NATURE: 3P 06.04.2019 (C)		
S/NO	LABOR CODE	DESCRIPTION
	TOKIO - LHE	
	LCC/Kalin -	



CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
e:		Vehicle No.:	
Id.:		SHA3124G	
File No.:		LARRY	
Signature/Date		Signature/Date	
Name of Service Advisor		Name of Service Advisor	
To be returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305285515

Date : 10. Apr. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA3124G

Date of Accident: 6. Apr. 2019

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

1. The repair job shall bill to: TOKIO SLU9259J

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: _____

Final Lumpsum Repair cost

\$2650.00

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 11/4/19

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				
3. Survey Fees				
4. LTA Search Fee				
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/TMI19006336/K1QD3N2

Date: 12/04/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT002090
Claimant Vehicle No :	SHA3124G	Insured Vehicle No :	SLU9259J
Date of Loss:	06/04/2019	Nature of Claim:	TP
		Claim No:	M1902460

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA3124G	Engine No:	D4DFDU561959
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMDU038808
Reg. Date:	30/08/2013 (Man. Year: 2013)	Odometer:	1076566 km
Colour:	Blue		
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:	Average

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 6 mm	Rear Left Side:	West Lake 6 mm
Front Right Side:	West Lake 6 mm	Rear Right Side:	West Lake 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,558.16	2,533.16	25.00	0.98
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,310.00	800.00	510.00	38.93
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,878.16	3,343.16	535.00	13.80
Approved Total (Overridden) (S\$)		2,650.00		
(S\$)	3,878.16	2,650.00	1,228.16	31.67
+ GST 7.00/7.00% (S\$)	271.47	185.50	85.97	31.67
Nett Amount (S\$)	4,149.63	2,835.50	1,314.13	31.67

INSPECTION

Date of Assignment:	10/04/2019 Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	09/04/2019 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 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 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 SHA3124G)	
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 FENDER - LH	Buckled	566.30 FL	*566.30 FL
2	1		*FRONT DOOR - LH	Buckled	2,256.40 FL	*2,256.40 FL
3	1		*COMFORT STICKER - LHF DOOR	Necessary	100.00 FS	*75.00 FS
4	1		*ADVERTISEMENT - LHF FENDER	Necessary	100.00 FS	*100.00 FS
5	1		*ADVERTISEMENT - LHF DOOR	Necessary	100.00 FS	*100.00 FS
					Sub Total (S\$)	3,122.70
					- List Item Discount on L Items 20.00/20.00% (S\$)	564.54
					Total Parts (S\$)	2,558.16

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	500.00	300.00
2	SPRAY PAINTING	New	500.00	400.00
3	TUFF KOTE	New	80.00	30.00
4	WIRING CHARGE	New	80.00	20.00
5	TRANSFER OF DOOR	New	150.00	50.00
Gross Labour Cost (S\$)			1,310.00	800.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >