

Surveyor: Kolvin

REF: CC3/TM19006688/ K1sd3n2

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OOITP/WS/TP RES/OD RES/EVA/INV/MV
To Inspected Vehicle No: _____
at Workshop n/s _____
of _____
Insured: **SIC 5916S**
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Vth: _____

(Policy Condition)

Remarks: The Vth had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ 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: **SHD3334B** Yr Reg: **21 Jy 2016**
Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
Truck / Trailer or
Make: **Hyundai Z4** CC: **1685**
Colour: **Blue** A/C: Ins: **6** Std / NI / NA
Sp. Reading: **406305** T/Radio: Ins: **6** Std / NI / NA
Eng/No: _____
C/No: **KMHLB41M44092172**
Gen. Cond: Good / **F** / Poor / Burnt
Steering: In order / **6** / Jammed / Leaked / Burnt or
Brake: In order / **6** / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / **6** A/Rim or
Tyre Size: F: **205/60R16**
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Ham Kark**
Front Rear
R/Bal. **7** mm R/Bal. **7** mm
L/Bal. **7** mm L/Bal. **7** mm
D.O.A. **13/4/19** D.O.I. **15/4/19**
Survey held at **CDHE (Loyang)**
Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or
o/s Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD3334B-CC3/AIC17064398/M19342 out: 1/3/17 To K150
	SIC 5916S PIP
23/4/19	Contacted PIP \$495.68 / 2 Pys.
	(\$220.00 Red - 31%)
	RECEIVED-23 APR 2019

Date/Time, File Pass to? **23/04/19**
1) **Typist** ☐ : Prel. Report
☒ : Final Report

Days Of Repair: **2**
Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)

Survey Fee:	
Transportation:	250
Photos:	10
Other:	

\$495.68 P/P

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 16 April 2019 9:55 AM
To: 'Motor Claims'
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD - DOA: 13/04/2019 , SHD 3334B (TP), SLC 5916S (OI)
Attachments: TP GIA REPORT.pdf; ESTIMATE.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 3334B on 15/04/2019 at M/s: ComfortDelGro Engineering Pte Ltd.

Enclosed herewith a copy of TP's GIA report and workshop Estimate.

Meanwhile, kindly create claims in Merimen for our necessary action.

Thank you.

Best Regards,

Shirley Hiew | 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	13/04/2019 12:19
Date Of Accident	13/04/2019 00:05
Exact Location Of Accident	NICOLL H/WAY TWDS GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3334B
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	MOHD NAIM BIN HAJEE SHAFFIE
NRIC No	S1577739G
Date Of Birth	13/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97550184
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 110 RIVERVALE WALK #02-08
Postcode	540110
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: : MALE
Passenger 3	NAME: : - GENDER: : MALE

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

PLS REFER TO 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	SLC5916S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FU CHIK CHIN
NRIC/Passport Number	S0068578Z

Contact Number	90050807
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD.
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

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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.

CONFIDENT TRANSPORTATION PTE LTD.
CO. REG. NO. 199903321R

Policyholder's Signature
Date & Time:

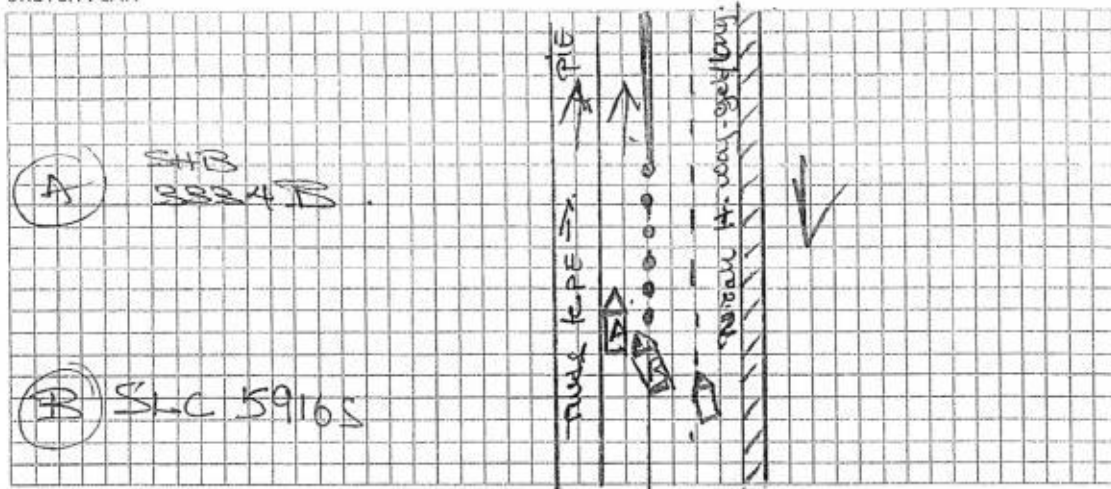
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIAMMC SketchPlanForm_V3

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 13 April 2019. @ 00.03h. I

veh A. was driving along the above

location straight suddenly veh (B)

from 2nd lane dash in to 3rd lane

and hit veh A Right Rear. at

the point of accident veh A

family 2 pax were injured.

DECLARATION

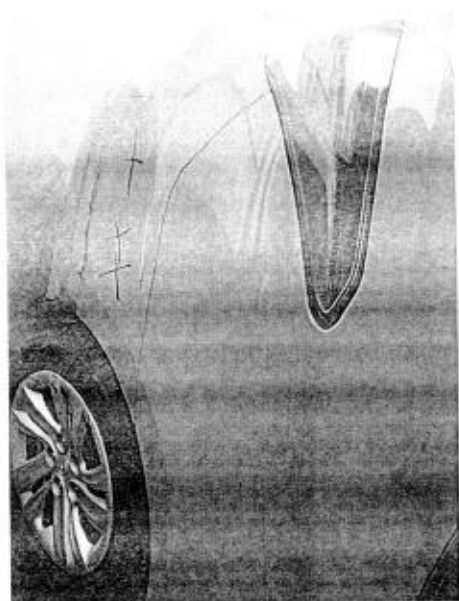
I/We declare the foregoing particulars are true in every respect.

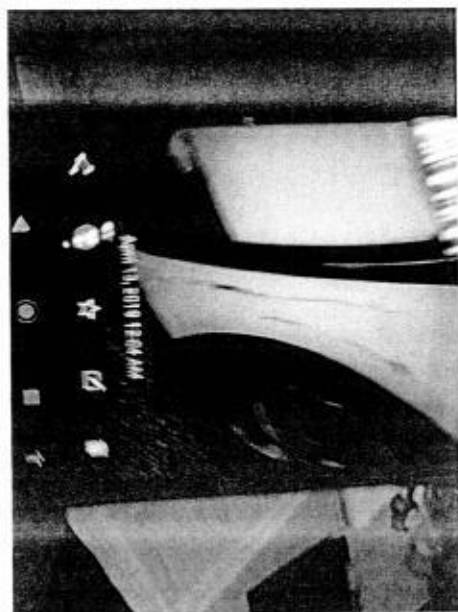
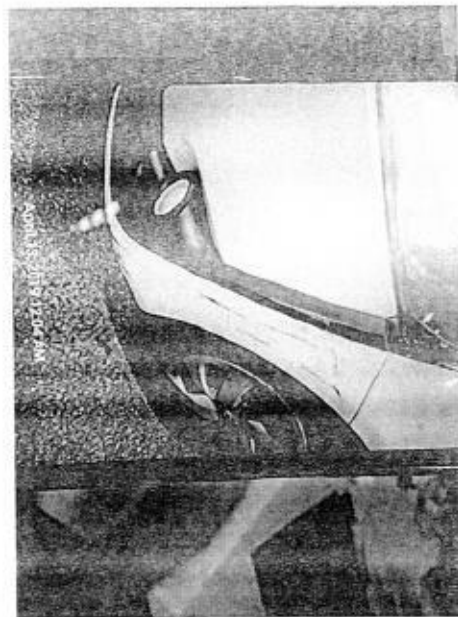
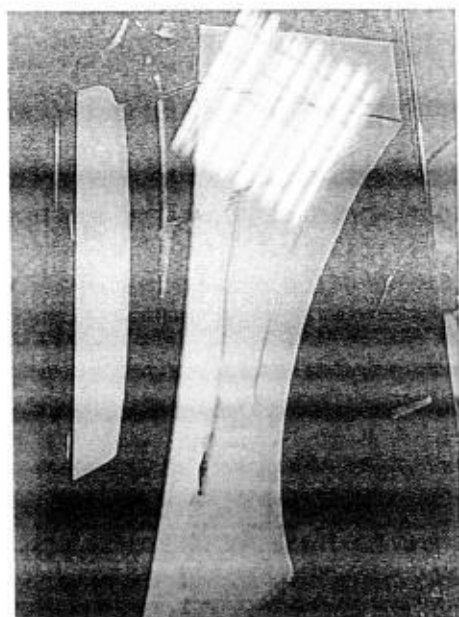
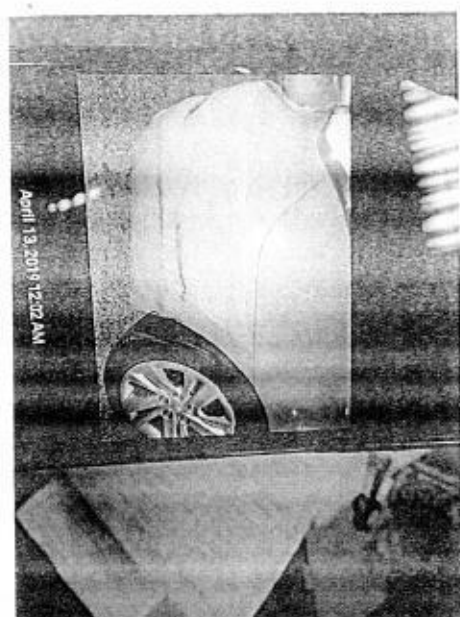
UNIFORT TRANSPORTATION PTE LTD
03 550 40 100/1000

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.:





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 3334B

DATE 15/4/2019 14:41

MAKE :

MODEL : HYUNDAI i40

LRK/Kam - Pby P

Lee

Tokio Marine

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Wheel Hub Cap (RH) <i>hrazed</i>			\$ 107.10
	<i>for paper x 1/2</i>			
	SUB TOTAL			\$ 107.10
	LESS 20%			\$ 21.42
	DISCOUNTED TOTAL			\$ 85.68
	Rear Bumper Rubber Mat <i>x 2</i>			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 200.00
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Rear Wheel Alignment			\$ 80.00 <i>x 2</i>
	<i>primer fee</i>			\$ 10.00
	TOTAL LABOUR			\$ 580.00
	ESTIMATE TOTAL			\$ 715.68
<p><i>Kahillicky</i> <i>15/4/19 1515L</i> <i>2 R7,</i> <i>PIP</i> <i>Alto Per p/b</i></p>				
<p>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.</p>				



COMFORTDELGRO Date/Time: 15.04.2019 10:21 Page : 1
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305287134

TOMER COMFORT TRANSPORTATION PTE LTD 7010045 TOMER NO. 383 SIN MING DRIVE RESS Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO.	SHD3334B	MILEAGE
	MAKE :	HYUNDAI	FUEL E.....1/2.....F
	MODEL	I-40	DATE/TIME IN 15.04.2019 09:30
	YR OF MANU	21.07.2016	TARGET DATE
	CHASSIS CODE	KMHLB41UMGU092172	COMPLETION DATE/TIME

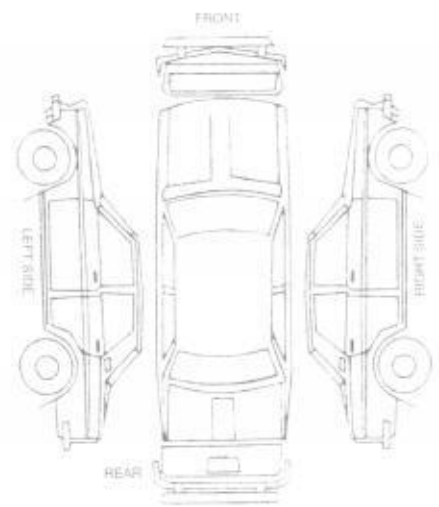
OUNT CARD NO.

Tokio Marine

Accident Date: 13.04.2019
NATURE: 3P 13.04.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

wedgement Slip	Exit Pass
No.: SHD3334B LKE	Vehicle No.: SHD3334B
Signature/Date	Name of Service Advisor
of Service Advisor	Date
returned to Service Reception upon collection	To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305287134
REGN NO : SHD3334B
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 21.07.2016
DATE/TIME IN : 15.04.2019 09:30
ACCIDENT DATE : 13.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G 140VC CAP ASSY-WHEEL HUB 1 L 107.10 20.00 85.68

SUB-TOTAL : 85.68

JOB NATURE

0000 L MERIMEN CHARGE 10.00

0001 L PANEL BEATING 200.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 410.00

TOTAL : 495.68

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305287134
Date 18.04.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHD3334B CTPL

Fax :
13.04.19

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

1. The repair job shall bill to: **TOKIO MARINE** **SLC5916S**
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$85.68
(b) Labour Charges	\$410.00
Total for Part-By-Part Repair Cost	\$495.68
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	


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 ANG
Date : 23/4/19

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		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/TMI19006688/K1SD3N2

Date: 02/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000205
Claimant	SHD3334B	Insured Vehicle No :	SLC5916S
Vehicle No :		Nature of Claim:	TP
Date of Loss:	13/04/2019	Claim No:	M1902662

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD3334B	Engine No:	D4FDGU656519
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU092172
Reg. Date:	21/07/2016 (Man. Year: 2016)	Odometer:	406305 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	135.68	85.68	50.00	36.85
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	580.00	400.00	180.00	31.03
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	725.68	495.68	230.00	31.69
+ GST 7.00/7.00% (\$\$)	50.80	34.70	16.10	31.69
Nett Amount (\$\$)	776.48	530.38	246.10	31.69

INSPECTION

Date of Assignment:	16/04/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	15/04/2019	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: Hiew May Fung

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: 30 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 SHD3334B)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR WHEEL HUB CAP RH	Grazed	107.10 FL	*107.10 FL
2	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 F	*- FS
3	1		*REAR BUMPER (NPA)	Repair	-	*- FL
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (S\$)					157.10	107.10
- List Item Discount on L Items 20.00/20.00% (S\$)					21.42	21.42
Total Parts (S\$)					135.68	85.68

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	200.00	200.00
2	SPRAY PAINTING CHARGE (REAR BUMPER)	New	300.00	200.00
3	REAR WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (\$\$)			580.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >