

ASS. REC. BY:

REF: CC/TMI 19007228/K1vd3⁰²

Special Instruction:

WUJIMAN

Survivor: Kalvin

ASSIGNMENT (Office)

From (Person): Francis Ng Kwai Kay of TMI Date/Time: 23.4.19

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHA 5494A Insured: SLV 8095R

at Workshop m/s Comfortdulgro Engineering Tel: _____
of Sg. loyang Drive

Policy No: MT 000116 Claim No: M1902833

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18.4.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{rup''} H.O.D. Endorsement: _____

Date/Time: 24.4.2019 8.42a.m Person Contacted: _____ Vehicle: IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate.
	SHA 5494A - CC4/11117000037/T1 ha 392 D.O.A - 20/12/2016
	SLV 8095R - CS/TMI 19007228/K1vd3 DOA - 18/04/2019

Surveyor: Kelvin

REF: CS/TMS 1900-7228 | Klvd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD (TP) HS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: _____

Policy No. MT000115

Claims No. M1902833

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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: SHA 5494D Yr Regn: 16/4/2015

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

Truck / Trailer or _____

Make: Hyundai cc 1881

Colour: Blue A/C: Insu 0 / Std / NI / NA

Sp. Reading: 744629 T/Radio: Insu 0 / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UM44075324

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or Attkd

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Motok

Front R/Bal. 7 mm Rear R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 18/4/19 D.O.I. 23/4/19

Survey held at: CPAE (Logan)

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or n/s Body u/c

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

Date / Time	Action / Instruction
	SHA 5494D - X
	SLV 8095R - X
29/4/19	Whs 4/5 \$8850 / 4/19. (Recd 9049.02, 50%)

RECEIVED 29 APR 2019

Date/Time, File Post to? : Prel. Report

1) : Final Report

Date/Time, File Return to?

2) 29/4 - typst

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)

: Interview (\$)

Survey Fee:

Transportation: 250

3 + RS: 10

Other: _____

Total: 260

metimen
L/S \$8850

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Apr 2019 17:10 Sendback Est	23 Apr 2019 17:31 S\$17,625.90	23 Apr 2019 18:50 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHA5494A	Date of Loss:	18/04/2019 23:00 - :59 [45 Months and 2 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1902833	Policy/Cover Note No.:	MT000115 (Comprehensive) Coverage: 17/01/2019 - 16/01/2020
Vehicle Reg. No. (Insured):	SLV8095R	Policy No. (Claimant):	
		Excess:	S\$0.00
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 Ng Kwai Kay Francis]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/05/2019]		

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.									

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	20/04/2019 14:04
Date Of Accident	18/04/2019 23:00
Exact Location Of Accident	FARRER RD X BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5494A
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	NG SOON
NRIC No	S0061489J
Date Of Birth	21/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1973
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96874129
Fax Number	
Contact Number	
Email Address	NGSOON54@GMAIL.COM

Address	BLK 526 BEDOK NTH ST 3 #09-466
Postcode	460526
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	COLLISION - HEAD ON COLLISION
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190419/2042 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SLV8095R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN(DRIVER)

Approximate Age

Injuries Sustain UNSURE

Injured person in which vehicle? SLV8095R

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:

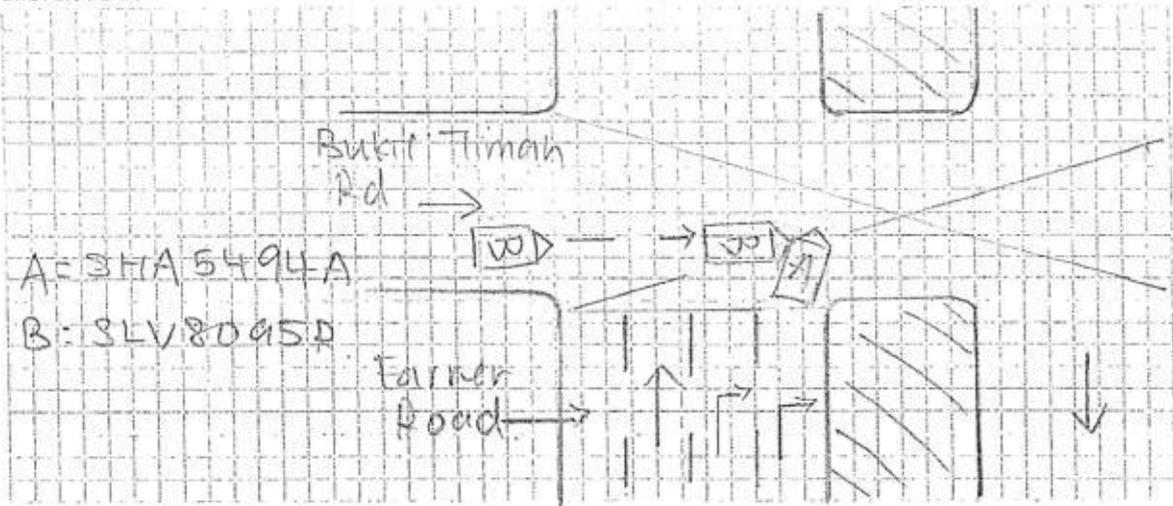
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Vwei Yiang

2074119



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached.
 T/ 20190419 / 2043.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
C.O. 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.:



SINGAPORE
POLICE FORCE



T/20190419/2042

1 of 3

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20190419/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2019 13:41	Vide Report No.: E/20190418/0187	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: NG SOON		Address: APT BLK 526 BEDOK NORTH STREET 3 #09-466 SINGAPORE 460526	
ID Type / ID No.: NRIC NO / S0061489J		Contact No.: Home/Office: Mobile: 96874129	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 21/06/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/04/2019 23:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 FARRER ROAD BUKIT TIMAH ROAD Traffic Light Junction.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5494A	Car	HYUNDAI	I40	Blue	Seriously Damaged	1
SLV8095R	Car	HONDA		Red	Seriously Damaged	0

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



SINGAPORE
POLICE FORCE



T/20190419/2042

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Report No. T/20190419/2042

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Driver			
Name	NG SOON	ID No.	S0061489J
Related Vehicle	SHA5494A (Car)	Contact No.	96874129
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18 April 2019 I was driving my taxi (SHA5494A) and I fetch one male, Chinese passenger from Changi Airport Terminal 3 to Dushess Avenue. While traveling along Farrar Road at the traffic light junction I stopped my vehicle as the traffic light had turned red. At about 2300hrs, I noticed that the traffic light had turn green, thus move my vehicle to turn into Bukit Timah Road. While I was just move out of my stationary location, suddenly one vehicle (SLV8095R) from the Bukit Timah Road hit onto my left front portion of my vehicle.

After the impact my passenger wanted to settle the taxi fee thus I was unable to immediately proceed over to check on the other driver condition.

When I tried to went over to check on the driver of vehicle (SLV8095R) but i was unable to as there too many people at the location and thereafter the police arrived at the location.

I wish to state that I did check on my passenger whether he was injured and he informed me that he not.



SINGAPORE
POLICE FORCE



T/20190419/2042

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20190419/2042

CONTINUATION OF REPORT

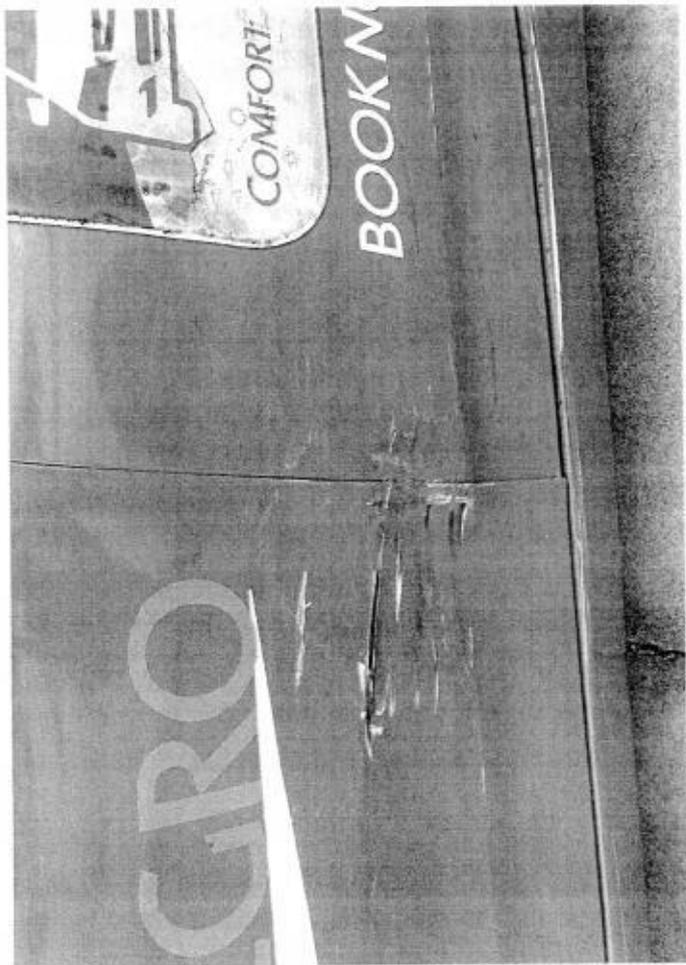
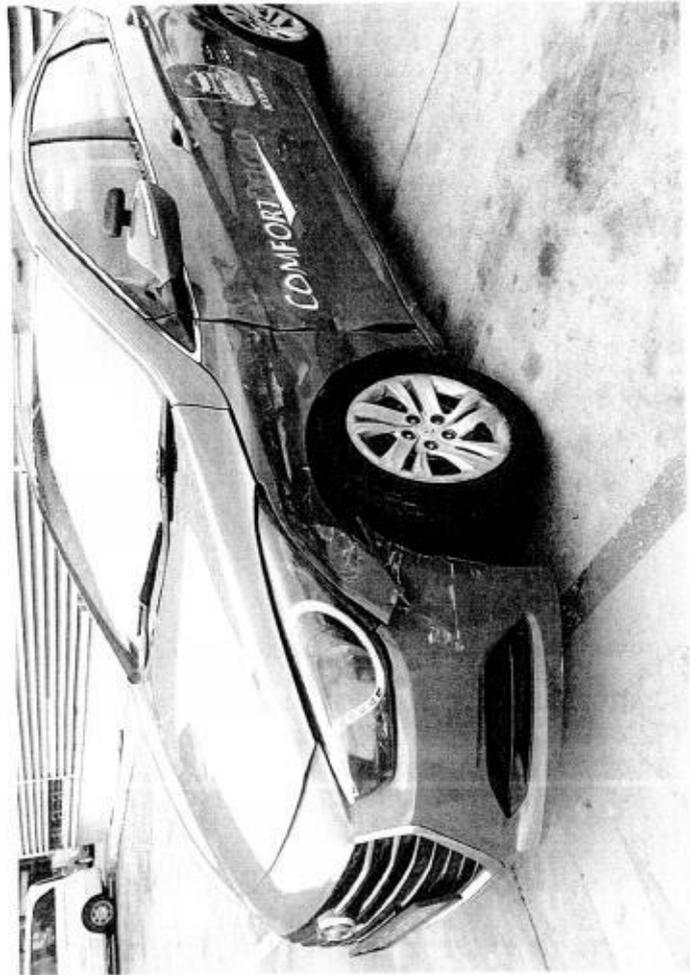
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt SIM CHENG SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/04/2019 13:41
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI Contact No.: 65476960	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE

SHA 5494



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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	18/04/2019
Vehicle Reg. No.:	SHA5494A	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	16/07/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDDU353618	Chassis No:	KMHLB41UMGU075324
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	8		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	13,425.90
Miscellaneous Items	10.00
Labour	4,190.00
Paintwork Labour	0.00
Towing	0.00
	17,899.02
Gross Total (S\$)	17,625.90
+ GST 7.00% (S\$)	1,233.81
Nett Amount (S\$)	18,859.71

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 23 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/SHA5494A/23/04/2019 17:31**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		*FRT BUMPER ASSY / <i>coa</i>	20.00	0.00	*1,052.20 FL
2	1		*FRT BUMPER BRACKET TOP LH / <i>coa</i>	20.00	0.00	*22.40 FL
3	1		*FRT BUMPER BRACKET SIDE LH <i>Ken</i>	20.00	0.00	*24.60 FL
4	1		*HEADLAMP SUPPORT PANEL <i>X su</i>	20.00	0.00	*907.40 FL
5	1		*HEADLAMP ASSY LH / <i>lv</i>	20.00	0.00	*1,388.00 FL
6	1		*FRT FENDER LH / <i>sub</i>	20.00	0.00	*663.00 FL
7	1		*FRT FENDER SHIELD LH / <i>tan</i>	20.00	0.00	*174.90 FL
8	1		*FRT FENDER APRON PANEL LH <i>X repair</i>	20.00	0.00	*637.00 FL
9	1		*FRT DOOR LH / <i>But</i>	20.00	0.00	*2,256.40 FL
10	1		*REAR DOOR LH / <i>But</i>	20.00	0.00	*2,201.10 FL
11	1		*FRT WHEEL RIM LH / <i>But</i>	20.00	0.00	*325.30 FL
12	1		*FRT WHEEL HUB CAP LH / <i>coa</i>	20.00	0.00	*107.10 FL
13	1		*FRT WHEEL BEARING LH <i>X su</i>	20.00	0.00	*540.50 FL
14	1		*FRT SHOCK ABSORBER LH / <i>But</i>	20.00	0.00	*342.20 FL
15	1		*FRT SHOCK ABSORBER MOUNTING LH / <i>me</i>	20.00	0.00	*108.80 FL
16	1		*FRT SUSPENSION ARM LH / <i>But</i>	20.00	0.00	*250.40 FL
17	1		*RACK AND PINION ASSY <i>Ken</i>	20.00	0.00	*969.60 FL
18	1		*STRG TIE ROD LH / <i>But</i>	20.00	0.00	*94.70 FL
19	1		*STABILIZER BAR <i>Ken</i>	20.00	0.00	*252.30 FL
20	1		*STABILIZER BAR BUSH LH / <i>unbrped</i>	20.00	0.00	*16.40 FL
21	1		*STABILIZER BAR LINK LH <i>Ken</i>	20.00	0.00	*61.10 FL
22	1		*BRAKE CALIPER LH <i>X su</i>	20.00	0.00	*677.15 FL
23	1		*FRT SUSPENSION ARM LOWER LH / <i>But</i>	20.00	0.00	*529.30 FL
24	1		*KNUCKLE ARM LH / <i>But</i>	20.00	0.00	*552.00 FL
25	1		*ENGINE CROSSMEMBER <i>Ken</i>	20.00	0.00	*2,094.40 FL
26	1		*ENGINE UNDER COVER <i>X su</i>	0.00	0.00	*56.30 F
27	1		*FRT DOOR COMFORT LOGO LH / <i>me</i>	0.00	0.00	*75.00 F
28	1		*REAR DOOR COMFORTDELGRO & APPS LOGO LH / <i>me</i>	0.00	0.00	*80.00 F
29	1		*FRT TYRE LH <i>X su</i>	0.00	0.00	*216.00 F

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	16,675.55
- List Item Discount on L Items (S\$)	3,249.65
Total Parts (S\$)	13,425.90

ComfortDelGro Engineering Pte Ltd/SHA5494A/23/04/2019 17:31. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TOWING FEE	New	60.00 ✓
2	PANEL BEATING	New	1,800.00 800
3	SPRAYPAINT	New	1,600.00 1400
4	WIRING	New	30.00 20
5	TUFF KOTE	New	50.00 20
6	TRANSFER DOOR PARTS	New	200.00 100
7	REMOVE/REFIX UNDERCARRIAGE FRT LH	New	200.00 100
8	FRT WHEEL ALIGNMENT	New	100.00 60
9	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00 80
Gross Labour Cost (S\$)			4,190.00

ComfortDelGro Engineering Pte Ltd/SHA5494A/23/04/2019 17:31. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvin 10/11/19
M 23/4/19 1705hr
4 Days
4/5
After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Final 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

Acknowledged by Repairer
 Signature:
 Date:

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

(SUPPLEMENTARY)

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL
 Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:	MT000115	Date of Loss:	18/04/2019
Vehicle Reg. No.:	SHA5494A	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	16/07/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDDU353618	Chassis No:	KMHLB41UMGU075324
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	8		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	273.12
Miscellaneous Items	0.00
Labour	0.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	273.12
+ GST 7.00% (S\$)	19.12
Nett Amount (S\$)	292.24
+ Previous Estimates (S\$)	18,859.71
Claim Total (S\$)	19,151.95

Generated using Merimen e-Claims Internet Estimation & Adjusting System

COMFORTDELGRO

Date/Time: 23.04.2019 15:46

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305289754

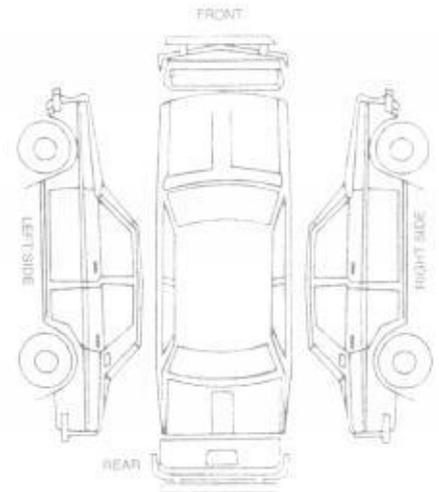
OMER	REGN NO: SHA5494A	MILEAGE
IS OMER NO. 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
IESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 23.04.2019 14:11
(R) (P) 65508755 (O)	YR OF MANU. 16.07.2015	TARGET DATE
DUPLICATE CARD NO.	CHASSIS CODE KMHLB41UMGU075324	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 18.04.2019

NATURE: 3P 18.04.19/C

S/NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: **SHA5494A** **JU TOKIO**

Vehicle No.: **SHA5494A**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Requisition

1. Date: <u>17/04/19</u> Time Received: <u>2315</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Ng</u> Contact No.: <u>9687 4129</u> Vehicle No.: <u>SHAS494A</u> Make / Model / Colour: <u>H. 140</u> Email: _____	5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

7. Location: <u>Duke Road</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer: _____
---	--	---

Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING
Name of Driver: <u>Darren</u>
Vehicle No.: <u>GBH4 0064</u>
Time Dispatch: <u>2315</u>
Time of Arrival: <u>2350</u>
Time Completed: <u>0040</u>

Cash Invoice Details (if applicable)

13. Cash Invoice No.: _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

 Date _____ Time _____ Signature of Customer _____

14. WORKSHOP

 Name of Attending Staff/Guard _____ Date & Time of Arrival _____ Signature of Attending Staff/Guard _____

COMFORTDELGRO ENGINEERING

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

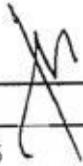
Our Job Ref No 305289754
Date : 26/04/2019

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
: SHA5494A Date of Accident : 18.04.19

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

1. The repair job shall bill to: TOKIO MARINE --- SLV8095R
###
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) N _____
 - Total for Lumpsum repair cost after Less: 20% \$8,850.00
 - Final Lumpsum Repair cost** _____
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 : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 29/4/19

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		N		
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: CS/TMI19007228/K1VD3N2

Date: 03/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT000115
Claimant Vehicle No :	SHA5494A	Insured Vehicle No :	SLV8095R
Date of Loss:	18/04/2019	Nature of Claim:	TP
		Claim No:	M1902833

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA5494A	Engine No:	D4FDDU353618
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU075324
Reg. Date:	16/07/2015 (Man. Year: 2015)	Odometer:	744629 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
Handbrake (Serviceable):	Yes	Engine Modification:	No
		Pre-accident Condition:	Average
		Footbrake (Serviceable):	Yes

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	13,699.02	8,495.48	5,203.54	37.98
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	4,190.00	2,560.00	1,630.00	38.90
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	17,899.02	11,065.48	6,833.54	38.18
Approved Total (Overridden) (S\$)		8,850.00		
	(S\$) 17,899.02	8,850.00	9,049.02	50.56
+ GST 7.00/7.00% (S\$)	1,252.93	619.50	633.43	50.56
Nett Amount (S\$)	19,151.95	9,469.50	9,682.45	50.56

INSPECTION

Date of Assignment:	23/04/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	23/04/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	4.0 days		

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

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 03 May 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 SHA5494A)	
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 ASSY	Cracked	1,052.20 FL	*1,052.20 FL
2	1		*FRT BUMPER BRACKET TOP LH	Cracked	22.40 FL	*22.40 FL
3	1		*FRT BUMPER BRACKET SIDE LH	Serviceable	24.60 FL	*- FL
4	1		*HEADLAMP SUPPORT PANEL	Serviceable	907.40 FL	*- FL
5	1		*HEADLAMP ASSY LH	Cracked	1,388.00 FL	*1,388.00 FL
6	1		*FRT FENDER LH	Buckled	663.00 FL	*663.00 FL
7	1		*FRT FENDER SHIELD LH	Torn	174.90 FL	*174.90 FL
8	1		*FRT FENDER APRON PANEL LH	Repair	637.00 FL	*- FL
9	1		*FRT DOOR LH	Dented	2,256.40 FL	*2,256.40 FL
10	1		*REAR DOOR LH	Dented	2,201.10 FL	*2,201.10 FL
11	1		*FRT WHEEL RIM LH	Bent	325.30 FL	*325.30 FL
12	1		*FRT WHEEL HUB CAP LH	Cracked	107.10 FL	*107.10 FL
13	1		*FRT WHEEL BEARING LH	Serviceable	540.50 FL	*- FL
14	1		*FRT SHOCK ABSORBER LH	Bent	342.20 FL	*342.20 FL
15	1		*FRT SHOCK ABSORBER MOUNTING LH	Necessary	108.80 FL	*108.80 FL
16	1		*FRT SUSPENSION ARM LH	Bent	250.40 FL	*250.40 FL
17	1		*RACK AND PINION ASSY	Serviceable	969.60 FL	*- FL
18	1		*STRG TIE ROD LH	Bent	94.70 FL	*94.70 FL
19	1		*STABILIZER BAR	Serviceable	252.30 FL	*- FL
20	1		*STABILIZER BAR BUSH LH	Warped	16.40 FL	*16.40 FL
21	1		*STABILIZER BAR LINK LH	Serviceable	61.10 FL	*- FL
22	1		*BRAKE CALISPER LH	Serviceable	677.15 FL	*- FL
23	1		*FRT SUSPENSION ARM LOWER LH	Bent	529.30 FL	*529.30 FL
24	1		*KNUCKLE ARM LH	Bent	552.00 FL	*552.00 FL
25	1		*ENGINE CROSSMEMBER	Serviceable	2,094.40 FL	*- FL
26	1		*ENGINE UNDER COVER	Serviceable	56.30 F	*- FS
27	1		*FRT DOOR COMFORT LOGO LH	Necessary	75.00 F	*75.00 FS
28	1		*REAR DOOR COMFORTDELGRO & APPS LOGO LH	Necessary	80.00 F	*80.00 FS
29	1		*FRT TYRE LH	Serviceable	216.00 F	*- FS
Supplementary #1						
30	1		*ROCKER PANEL GARNISH LH	Cracked	341.40 FL	*341.40 FL

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

Sub Total (\$\$)	17,016.95	10,580.60
- List Item Discount on L Items 20.00/20.00% (\$\$)	3,317.93	2,085.12
Total Parts (\$\$)	13,699.02	8,495.48

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
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
Labour Items				
1	TOWING FEE	New	60.00	60.00
2	PANEL BEATING	New	1,800.00	800.00
3	SPRAYPAINT	New	1,600.00	1,400.00
4	WIRING	New	30.00	20.00
5	TUFF KOTE	New	50.00	20.00
6	TRANSFER DOOR PARTS	New	200.00	100.00
7	REMOVE/REFIX UNDERCARRIAGE FRT LH	New	200.00	100.00
8	FRT WHEEL ALIGNMENT	New	100.00	60.00
9	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	0.00
Gross Labour Cost (\$\$)			4,190.00	2,560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >