	ASSIGNMENT
From: Date:	Ven'No SHC 2188T Yr Regn: 3/74 212
EstimatedCost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / To / Prime Mover /
OD TE WESTERESTOD RESTEVATING MY	Truck / Traller or
To Inspedivehicle No:	11-1-1
st Workshop m/s	Colour Ble AJC: Insuce 15td 1811 NA
elle	Sp. Reading 5 4 7 981 T/Radio: Insufer Std / NI/ MA
hsyred: GBD 35001	Eng/No:
Policy No MT 106744	CINO: CAHETHING CABLESO 68
M1903033	Gen. Cond: Good 1 F 1 Poor / Burnt
Sum Inswed: Excess:	Steering: Inord / Jammed / Leaked / Burnt or
(Client'sRecord)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STDA/Rim or
	Tyre Size; F: 215/60/06
(Policy Condition) *	1 Tyre Size; F: 2 15 / 6 0/2 1
Remark: The veh had commenced Its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO or 1 - Wellke
Ball or Maket Value:	Front Rear
IDAC Accident Roori: Consistent? : Yes or No	R/Rail 7
GIA / PR Seen: Consistent? : Yes or No.	Library 1 min
Est Repairs: days Res.: Yes or No	D.O.A. 26/4/19 D.O.I. 29/4/19
Lum Sunc % 3 Val.: Yes or No	Survey held at (Loyay)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / OIS / N/S / U/C / Rooftop or
Vehiclet	INTOUT 0/5 Freet
, vivoi obiliacies,	The U/C / Chassis frame / Body Structure affected due to collision.
Dale / Time   Action / Instruction   SAC 2138 T - C1 / TPD 18 0 10 44	N. 1. 2011.2-121
GBD 3500 1-X	
450 2500 3-2	41
29/4/19 Email GIA to Toms	
1 10 1112	3, (Red 1006:56, 569)
	77. ORA 1005-36, 3619
DE C	CEIVED 8 2 MAY 2019 .
NL S	A total of T. Some Sand St. All St. Market S
Ozlelitz, File Pass 107 Pop ort	2
. Fren, Report	Days Of Repair: 2
DateTitie, File Return to?	Resulted No. of this
	110 770 10001
7/5 - typist	4 dd Faet
29	
	260

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

Case	Notified	Est Submitted	Adi Assigned	Adj Rpt	[Ad] Su	bmitted	Ins Auth'ed	Status	
	29 Apr 2019 Sendback Est	29 Apr 2019 12:01 <b>\$\$1,806.56</b>	29 Apr 2019 18:34 Edit Adj Rpt					Pending Report Cancel C	for Survey
ħ	fain	Refe	erence		Claim Details	$\mathcal{L}$	Document	ts	Show All
CLAIM SUI	BFOLDER DET	AILS	WELL THE LABOR TO						
insured:	DONG HAI	ENTERPRISE,	Co. Reg. No.: 53	241647C					
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHC2188T				Date of Loss:	[80 Months and 26 Days From LIA keg Date (Man 17)]			
Claim Type:	TP / M1903023			Policy/Cover Note No.:	MT106744 (Comprehensive) Coverage: 08/09/2018 - 07/09/2019				
Vehicle Reg. No. (Insured):	GBD3500J			Policy No. (Claimant):					
					Excess:	5\$0.00	T. 1. 6244 9200		
Repairer:							- Tel: 6214 8300	88	
Handling Insurer:	DOUGH STATES STATES						ig Kwai Kay Fran		• duo
Adjuster:	09/05/20	Consultants Pte 19]	Ltd (HQ) - Tel: (	6256-3561	[Handled by I	KALVIN A	ING WEI KUN ]	. [Final Kp	t due
Adj Asg. Remarks:	OUR INSD H	HAS NOT RPT THE	ACCIDENT						
ASSOCIAT	ED MAIL REC	EIVED						View All C	ompose Case Mai
There are n	o mail for this o	case.							
ALL ASSO	CIATED TASK	⟨S⊟				View A	II Search Tasks	Create New	Task   Complet
Due Date	e Priority	Type Task (	Group Subje	ect Han	dler Assign	ned By	Completed Or	r Creat	ed On Done

#### Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Monday, 29 April 2019 5:43 PM

To:

motorclaims@tokiomarine.com.sg

Cc:

SUR

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE

LTD, DOA: 26/4/2019, SHC 2188T (TP VEHICLE), GBD 3500J (OI VEHICLE)

Attachments:

GIA.pdf; MARK EST.pdf; POLICE REPORT.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 2188T at M/s: COMFORTDELGRO ENGINEERING PTE LTD,59 LOYANG DRIVE SINGAPORE 508969 on 29/4/2019

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,

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

aforesaid.	
particular to the latest and the property of the	ACCIDENT STATEMENT
Date Of Report	27/04/2019 11:22
Date Of Accident	26/04/2019 14:20
Exact Location Of Accident	COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE
and the second of the second o	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC2188T
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	SONATA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	746 - 60
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

#### Driver

Name of Driver RAHMAD BIN AWANG

 NRIC No
 \$1484643C

 Date Of Birth
 06/01/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/06/1985

Driving Experience 33 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94237907

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 12 MARSILING DRIVE

#12-35

Postcode

730012

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO 2

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER POLICE REPORT NO: T/20190427/2047

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

GBD3500J

Vehicle Make/Model/Colour

VAN

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 22

Insurance Company Name

Nature Of Damage

LH CENTRE

No. Of Passenger (Including Driver)

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudlate policy liability.
- 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.
- 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.
- 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:
  - 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 invoive 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

d

27/4/19 Jackson Heng CSO

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 Pg. 2

Š.		
SKETCH PLAN	113	
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1 6 GB 25 FD 1
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Vold > 1 1 1 1 1 1		The Hoth Bound VISITED
		Mochina We Was
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Reter Po	he report o	ettached.
11 ofer 10	via ichow	THE MENT
-	10000	
1	2019-0427/	2047
		1957
-		
DECLARATION		w
I/We declare the foregoing particular		27/4/19
FORT TRANSPORTATION PTE CO. REG. NO. 199303821R	Q.	Jackson Hang Suckie
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholde	Reporting Centre Personnel's Signature Name:





Report No. T/20190427/2047

1 of 3

Police Station Of Origin:

Pasir Ris N.P,C

1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

#### REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 10:22	Nade:	Vide Report No.:	Station Diary No.: 36		
Informa	nt's Partice	ulars				
	Informant: D BIN AWA		Address: APT BLK 12 MARSILING LANE #12-35 SINGAPORE 7300			
Control of the Contro	/ ID No.: D / S148464	43C	Contact No.: Home/Office:	Mobile: 94237907		
National SINGAP	ity: ORE CITIZ	'EN	Email:			
Sex: Male	Age: 58	Date of Birth: 06/01/1961	Type of Informant:			
Race: Javanes	e	P	Language: English	Institution / School Name:		
Occupation: Taxi driver		- T	Driving Licence Information	on; Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2019 14:20	Type of Location Straight Road	
ALONG COM	EALTH AVENUE WES	UE WEST TOWARDS		oad Speed Limit:	
13.0000 (3.0000)		Road Surface: Wet	K	Road Speed Limit:	
Olean		T	T		
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	1000	affic Volume: oderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD3500J	Van					0
SHC2188T	Car				Slightly Damaged	0

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



T/20190427/2047

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 2 of 3 Report No. T/20190427/2047

CONTINUATION OF REPORT

Driver					11/2/200	
Name	RAHMAD BIN AWANG			ID No		S1484643C
Related Vehicle	SHC2188T (Car)			Conta	ect No.	94237907
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

On 26/04/2019 at about 2.20pm, I was driving my taxi bearing the registration number SHC2188T along the extreme left lane of Commonwealth Ave West towards Clementi. There was a van bearing the registration number GBD3500J driving behind me. He changed lane to the right lane and shortly after, abruptly cut into my lane without giving any signal. While cutting into my lane, the left side of the van hit the front right (above front right wheel) of my taxi causing dents and scratches. Both of us stopped by the side and we got out from our vehicle. He came to me and told me to report insurance. I did not ask for his particulars. We then took photos and continued our journey.

I did not observe any visible injuries on him, I was not injured at that point of time. I did not see any passenger in his van, there was no passenger in my taxi.

I reported to my company, Comfort Delgro, this morning. They have also viewed the in-car camera and advised me to lodge a report. I am the hirer of my taxi.

#### Sketch Plan Pg. 5





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 3 of 3 Report No. T/20190427/2047

Tel No: 1800-5852999

CONTINUATION OF REPORT

#### Sketch Plan

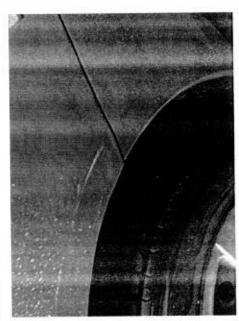
Informant is not able to provide sketch plan

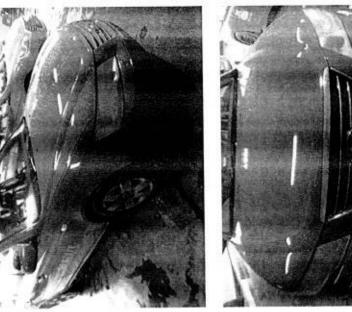
IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The G / Sgt 2 REGINA LUI YU TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2019 10:22
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	POLICE ECTICE /









### COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VÉHICLE NO: SHC 2188T

DATE 29/4/2019 11:17

MAKE

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH)			\$ 593.00
	Front Fender Shield (RH)			\$ 86.00
	Front Fender Retainer	- 1		\$ 9.20
	Front Wheel Hub Cap (RH)			\$ 145.00
	Front Wheel Hub Cap (RH) X 500  Front Bruge × 1901 SUB TOTAL			6 922 20
				\$ 833.20
	LESS 20%			\$ 166.64
	DISCOUNTED TOTAL			\$ 666.56
	Labour Charge Panel Beating Spray Painting Charge-Bumper/Fender Tuff Kote FRT Wheel Alignment			\$ 400.00 \$ 600.00 \$ 50.00 \$ 80.00
	TOTAL LABOUR			\$ 1,130.00
				6 170/7/
	ESTIMATE TOTAL			\$ 1,796.56
				1806.56
	Kalullery A 29/4/19 1150h 2 hg, US Alle Perz ph.	0.01 -101 -101 -101	with Consultants hence epairer of the following murkey before after spray property parties and parties and property and pr	ng resurvey  Immalian  Total Prejudice" basis
	This is an initial estimate based on a visual inspection of th	e above ve	hicle. The final repai	ir quantum will

# 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

Claim Type:	CLAIM THIRD PARTY	Ref. No:			
Policy No:	THICHTAKE	Date of Loss:	26/04/2019		
Vehicle Reg. No.:	SHC2188T	Driveable?	YES		
Party At Fault:	UNKNOWN				
Make/Model:	HYUNDAI SONATA, 2.0 CRDI	Vehicle Reg. Date:	31/07/2012		
Vehicle Colour:	BLUE	Gen Condition:	GOOD		
Engine No:	D4EAC138288	Chassis No:	KMHET41VMCA828068		
Odometer:	0 KM				
Paint Type:					
List Item Discount:	20.00 %	Nett Item Discount:	20.00 %		
Total Loss?	NO				
Est. Duration of Repair (day)	4				
Present Location:	COMFORTDELGRO ENGINEE	RING PTE LTD (LC	OYANG)		
COST OF CLAIMS			Amount		
Parts			666.56		
			10.00		
Miscellaneous Items Labour					
Labour Paintwork Labour			0.00		
Labour		_	0.00 0.00		
Labour Paintwork Labour	Gr	oss Total (S\$)	0.00 0.00 <b>1,806.56</b>		
Labour Paintwork Labour		oss Total (S\$) ST 7.00% (S\$)	1,130.00 0.00 0.00 <b>1,806.56</b> 126.46		

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS					
Reference:		Version: 1.0 (Last Synchronised: 29 Apr 2019)			
Parts: Labour:	143 Repairer's	HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0) (Price-denominated Standard List)			
Print Code: Validity:	These estima	tro Engineering Pte Ltd/SHC2188T/29/04/2019 12:01 tes are valid only if they contain the print code (above) on all estimate pages, running page 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 RH FENDER	20.00	0.00	*593.00 FL	BUL
2	1		*FRT RH FENDER SHIELD	20.00	0.00	*86.00 FL	SVC
3	1		*FRT RH FENDER RETAINER	20.00	0.00	*9.20 FL	SYC
4	1		*FRT RH WHEEL CAP	20.00	0.00	*145.00 FL	SVC
F=Fra	anchise	part. L=ListItemDis	C.				
			Sub Total (S\$)			833.20	
			- List Item Discount on L Items (S\$)			166.64	
			Total Parts (S\$)			666.56	

ComfortDelGro Engineering Pte Ltd/SHC2188T/29/04/2019 12:01. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

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

72	imates on Labour	Lab.Type	Amount
No	Particulars	Lab.1ype	Amoun
Lab	our Items		
1	PANEL BEATING	New	400.00
2	SPRAYPAINT	New	600.00
3	TUFF KOTE	New	50.00
4	FRT WHEEL ALIGNMENT	New	80.00
		Gross Labour Cost (S\$)	1,130.00

ComfortDelGro Engineering Pte Ltd/SHC2188T/29/04/2019 12:01. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >



SHC2188T

HYUNDAI

SONATA

KMHET41VMCA828068

Date

YR OF MANU. 31.07.2012

E.....F DATE/TIME IN 29.04.2019 09:50

COMPLETION DATE/TIME

Team:

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

MAKE:

MODEL

JG NO: 305291150

L (R)

COMFORT TRANSPORTATION PTE LTD

7010045

ISTOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

JOB DESCRIPTION

Accident Date: 26.04.2019

NATURE: 3P 26.04.19/C

S/NO

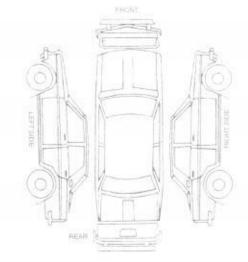
e of Service Advisor

a returned to Service Reception upon collection

SCOUNT CARD NO.

LABOR CODE

DESCRIPTION



HECKED & P	PASSED OUT BY:				
	SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
owledgeme	ent Slip		Exit Pass		
e: lo.: de No.;	SHC2188T	JU TOKIO	Venicle No.:	SHC2188T	

Name of Service Advisor

To be kept by Security Guard

Signature/Date

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305291150 D

	THEFINE	30/04/2019			DelGro Engineering Pte Ltd	
ate				59 Loyang Drive Singapore 508969 Fax: 6546 8156		
NALIZ	ZATION F	ORM				
) :		LKK	4	Fax:		
tn :	_	KALVIN				
		: SHC2188T		Date of Accident :	26.04.19	
e sur	rvey and e	stimates of the repairs of th	ne above-ment	ioned vehicle are as f	ollows:-	
Т	The repair	job shall bill to:	TOKIO	//	GBD3500J	
Т	The finalize	ed amount shall be:		<i>!##</i>		
(:	(a) Spa	re Parts after List discount				
(1	(b) Lab	our Charges		###	-	
	Total	al for Part-By-Part Repair	Cost			
				N	9. 22	
(		npsum Repair (if applicable al for Lumpsum repair cost		20%	\$ 800.00	
		al Lumpsum Repair cost				
E	Estimated	normal period for repairs:	2	_working days		
١	We shall t	treat the above amount as	S Correct and	Confirmed if there is	no reply from you	
V	within 7 w	vorking days		<del></del>	no topi, nom, je z	
		orking days  ofor your assistance.		We confirm the est finalized amount		
				We confirm the est		
1		of for your assistance.		We confirm the est	timates and	
	Thank you	of for your assistance.		We confirm the est finalized amount		
1	Thank you Signature	for your assistance.		We confirm the est finalized amount  Signature:	timates and	

	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: CC3/TMI19007501/K1VD3N2

07/05/2019 Date:

REFERENCE

Handling Insurer:

Tokio Marine Insurance Singapore Ltd

Policy No:

MT106744

Claimant

SHC2188T

Insured Vehicle No:

GBD3500J

Vehicle No: Date of Loss:

26/04/2019

Nature of Claim:

TP

Claim No: M1903023

KMHET41VMCA828068

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

**SHC2188T** 

Make & Model:

HYUNDAI SONATA, 2.0 CRDI (A) 31/07/2012 (Man. Year: 2012)

Engine No: Chassis No: Odometer:

D4EAA866148

Reg. Date: Colour:

Blue

1991 cc

Engine Capacity: Market Value/New Car

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

547981 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good Steering (Serviceable): Engine Modification: Yes

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes Average

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side:

215/60R16

Rear Tyre Size:

215/60R16

West Lake 7 mm

Rear Left Side: Rear Right Side: West Lake 7 mm West Lake 7 mm

West Lake 7 mm Front Right Side: The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	666.56	474.40	192.16	28.83
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,130.00	620.00	510.00	45.13
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,806.56	1,104.40	702.16	38.87
Approved Total (Overridden) (S\$)		800.00		
(S\$)	1,806.56	800.00	1,006.56	55.72
+ GST 7.00/7.00% (S\$)	126.46	56.00	70.46	55.72
Nett Amount (S\$)	1,933.02	856.00	1,077.02	55.72

INSPECTION

Date of Assignment:

29/04/2019 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

29/04/2019 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: 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: 07 May 2019)

Parts:

143

HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHC2188T)

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 \*.

R	eco	mm	en	ded	Pa	rts
				$u \in u$		11.0

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT RH FENDER	Buckled	593.00 FL	*593.00 FL
2	1		*FRT RH FENDER SHIELD	Serviceable	86.00 FL	*-FL
3	1		*FRT RH FENDER RETAINER	Serviceable	9.20 FL	*-FL
4	1		*FRT RH WHEEL CAP	Serviceable	145.00 FL	*-FL
5	1		*FRONT BUMPER (NPA)	Repair	8763	*- FL
F=Fra	enchise	part. L=ListIten	nDisc.			195000000000
				Sub Total (S\$)	833.20	593.00
			- List Item Discount on L It	tems 20.00/20.00% (S\$)	166.64	118.60
				Total Parts (S\$)	666.56	474.40
			Report was unsubmitted	during this print-out.		

No	commended Miscellaneous Qty Particulars	items	Repairer's	Amount
Misc	cellaneous Items			
1	1 OD/TP Case (Insurer)		10.00	10.00
		Sub Total (S\$)	10.00	10.00
Re	commended Labour			
No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	400.00	200.00
2	SPRAYPAINT	New	600.00	400.00
3	TUFF KOTE	New	50.00	20.00
4	FRT WHEEL ALIGNMENT	New	80.00	0.00
		Gross Labour Cost (S\$)	1,130.00	620.00
	Report w	as unsubmitted during this print-out.		

< END OF ESTIMATES >