

7/20/2000

ASS. REC. BY

REF

CS/AGI19007572/Dsd3.02

Special Instruction

ASS. REC. BY

Brynn

ASSIGNMENT (Office)

From (Person)

Iny Ratilla

of

AGI

Date/Time

29/4/19 @ 4:46pm

Estimated Cost

Bill to

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

To Inspect Vehicle No:

SHC 1535G

Insured

SJF 4767U

at Workshop n/z

Chunni Motor

Tel

65425119

of

BLK 10 AMK # 01-05/06

Policy No:

Claim No:

C 10003008

Sum Insured:

Excess:

Make of Veh.
(Client's Record)

D.O.A. 27/4/19

30/4/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time

5:40pm @ 29/4/19

Person Contacted

Lynn

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 1535G-CS3/III 8022380/71/d352-4

D.O.A. 5/12/18

SJF 4767U-X

be privileged. If you are not the intended addressee, confidentiality and privilege have not been waived and any use, interference with, or disclosure of this email is unauthorised.

From: Chunni Motor <chunnimotor@gmail.com>
Sent: Monday, 29 April 2019 4:32 PM
To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Cc: Julie Mangubat <julie.m@budgetdirect.com.sg>
Subject: Re: Accident involving veh no: SHC 1535G & SJF 4767U on 27.04.19

Dear Sir,

We appoint Bryan Ang (LKK Auto Consultants)

Thank you

Regards,
Chunni Motor Work P/L

From: Chunni Motor <chunnimotor@gmail.com>
Sent: Monday, 29 April 2019 3:17 PM
To: Claims <claims@budgetdirect.com.sg>
Subject: Accident involving veh no: SHC 1535G & SJF 4767U on 27.04.19

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly survey at AMK Autopoint, Soon Hock Motor, #01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162

Thank you for your kind assistance.

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MCD619055100 / ComfortDelGro Engineering Pte Ltd - Loyal
 ENTRY DATE & TIME: 29/04/2019 14:18
 SUBMITTED BY: Huang XiaoYan

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 29/04/2019 14:18
 Date Of Accident 27/04/2019 19:35
 Exact Location Of Accident ROCHOR CANAL TWDS BT TIMAH
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1535G
 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 MERCEDES-BENZ
 Model E220
 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 CHUA SZE NGUAN
 NRIC No S1273138H
 Date Of Birth 19/09/1957
 Occupation OUTDOOR
 Date Of Driving Pass 20/02/1978
 Driving Experience 41 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98009120
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address BLK 56 HAVELOCK ROAD #08-142
 Postcode 161056
 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) 1

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 / 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 SJF4787U
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
 Nature Of Damage RIGHT FRT
 No. Of Passenger (Including Driver)

SKETCH PLAN**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.

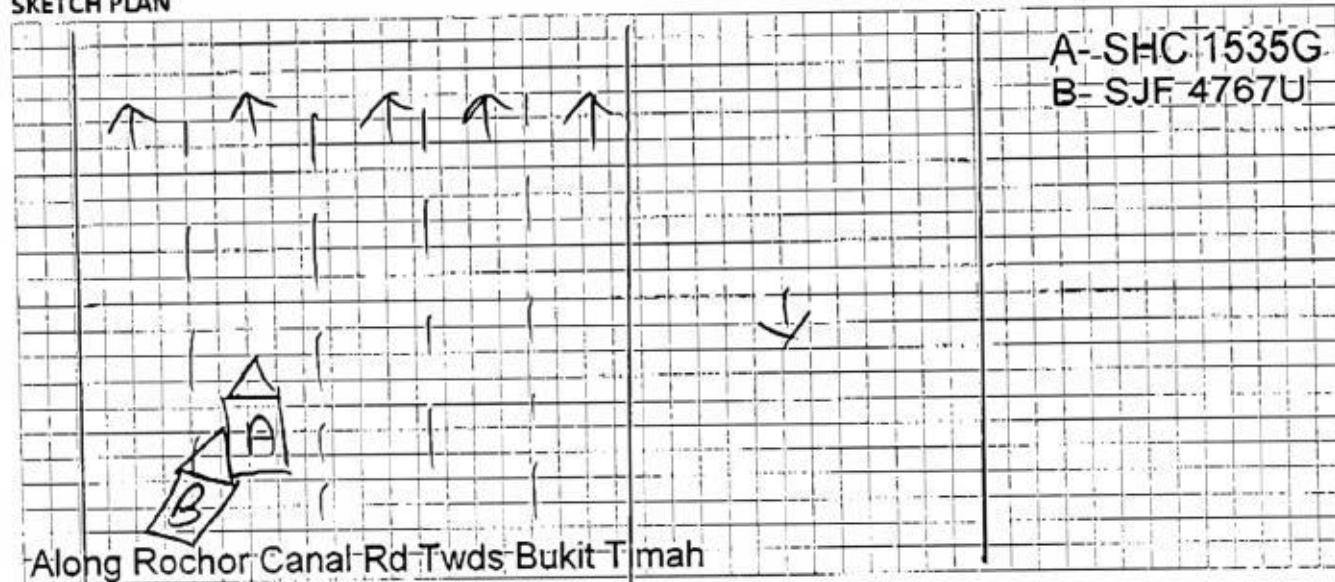
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29.04.2019@0930hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27.04.2019 @ 1935hrs I was travelling along Rochor Canal Rd twds Bukit Timah with no passenger onboard.

As I was travelling straight suddenly veh(B) SJF 4767U dashed out from my left and hit onto my vehicle rear left portion.

As it took place too fast I could not take evasive action to prevent the accident.

I have company video and photos at scene to support my claims.

No injury in this accident.

Veh(B) SJF 4767U Male Driver

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: 29.04.2019@0930hrs

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

CHUNNI MOTOR WORK PTE LTD
REPAIR ESTIMATE*to survey by *UKC*

VEHICLE NO : SHC 1535G

DATE : 29.04.2019

MAKE :

TEL : 6542 5119

MODEL : MERCEDES BENZ

FAX : 6542 6039

Auto & General

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>distorted / rusty broken</i>			\$ 1,510.00 ✓
	Rear Fender (LH) <i>Dental</i>			\$ 2,980.50 ✓
	Rear Fender Splash Shield (LH) <i>NH</i>			\$ 195.00 X
	Rear Windscreen Glass C/W Moulding <i>NH</i>			\$ 1,845.00 ✓
	Rear Door (LH) <i>Dental</i>			\$ 2,870.00 ✓
	Rear Door Gear/Regulator (LH) <i>NH</i>			\$ 585.00 X
	Rear Door Gear/Regulator Motor (LH) <i>NH</i>			\$ 860.00 X
	Rear Tyre (LH) <i>NH</i>			\$ 480.00 X
	Rear Tyre Rim (LH) <i>Cut</i>			\$ 1,250.00 ✓
	Rear Wheel Hub Bearing <i>2 Dam</i>			\$ 561.80 ✓
	Rear Shock Absorber (LH) <i>2 distorted</i>			\$ 532.00 ✓
	Rear Shock Absorber Mounting (LH) <i>NH</i>			\$ 235.00 X
	Rear Wheel Drive Shaft <i>NH distorted / Dam</i>			\$ 2,500.00 ✓
	Rear Control Arm Long (LH) <i>2 distorted</i>			\$ 939.50 ✓
	Rear Control Arm Lower (LH) <i>2 distorted</i>			\$ 859.50 ✓
	Rear Knuckle Assy. (LH) <i>2 distorted</i>			\$ 1,700.00 ✓
	Control Arm RR/Thrust Rod <i>2 distorted</i>			\$ 858.50 ✓
	Control Arm RR/Thrust Arm <i>2 distorted</i>			\$ 950.00 ✓
	SUB TOTAL			\$ 21,711.80
	LESS 10%			\$ 2,171.18
	DISCOUNTED TOTAL			\$ 19,540.62
	Rear Bumper Metal Plate <i>NH</i>			\$ 50.00 Nett X
	Rear Windscreen Sealant <i>NH</i>			\$ 180.00 Nett 40/-
	Rear Door Comfort Limo Cab Logo <i>NH</i>			\$ 60.00 Nett ✓
	Labour Charge			\$ 290.00
	Panel Beating			\$ 1,200.00 700/-
	Spray Painting Charge			\$ 900.00 600/-
	Wiring Charge			\$ 50.00 NH
	Towing Charges			\$ 50.00 NH
	Tuff Kote			\$ 50.00 40/-
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 80/-
	Remove/Refix Rear Windscreen Glass (sealant)			\$ 120.00 80/-
	Remove/Refix Reverse Sensor			\$ 120.00 40/-
	Transfer Of Door			\$ 120.00 60/-
	Remove/Refix Undercarriage (RR)			\$ 200.00 150/-
	Rear Wheel Alignment			\$ 120.00 60/-
	Re-set Rear ABS System			\$ 200.00
	Re-set Rear Power Window System			\$ 200.00
	Re-set & Diagnosis			\$ 550.00 } 150/-
	TOTAL LABOUR			\$ 4,030.00
	ESTIMATE TOTAL			\$ 23,860.62

19356.80

17421.12

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

30/04/2019 13:58 by Repairer

Signature:

Date:

LKK Auto

1960.00

19481.12

1/5 15000/-

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SHC 1535 G

Technician:

Mileage: 662618

Time Printed 30.4.19 2:31 PM

Mercedes-Benz 212 E class

Front : Left

Actual	BEFORE	Specified Range
-1°02'		-1°07' -0°27'
3°52'		-5°30' 15°30'
-0°25'		-0°21' 0°49'
16°11'		
15°09'		
		-2°19' -1°19'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-0°02'		-1°07' -0°27'
4°03'		-5°30' 15°30'
-0°12'		-0°21' 0°49'
16°09'		
16°07'		
		-2°19' -1°19'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
-1°00'		-0°20' 0°20'
-0°11'		-1°30' 1°30'
0°02'		
-0°37'		-0°41' 1°39'

Rear : Left

Actual	BEFORE	Specified Range
-1°27'		-1°32' -0°32'
3°06'		-0°05' 0°25'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
-0°30'		-1°32' -0°32'
0°10'		-0°05' 0°25'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
-0°57'		-0°30' 0°30'
3°17'		0°05' 0°35'
1°28'		-0°15' 0°15'



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI19007577/Dsd3n2

(BUDGET DIRECT INSURANCE)
190 CLEMENCEAU AVENUE #03-01
SINGAPORE SHOPPING CENTRESINGAPORE
239924

Date : 03-06-2019



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJF 4767U	Veh. Inspected	SHC 1535G
Policy No.		Coverage (\$)	0.00
Claim No.	C10003008	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	29/04/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A758930	Colour	WHITE
Odometer	662618	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	27/04/2019	Inspection Date	30/04/2019
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	8 Working Days
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TEL: 6256 3561 FAX: 6256 4315

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1535G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DISTORTED / MOUNTING BROKEN	1,510.00	1,510.00
1	REAR FENDER (LH)	DENTED	2,980.50	2,980.50
1	REAR FENDER SPLASH SHIELD (LH)	NOT NECESSARY	195.00	-
1	REAR WINDSCREEN GLASS C/W MOULDING	NECESSARY	1,845.00	1,845.00
1	REAR DOOR (LH)	DENTED	2,870.00	2,870.00
1	REAR DOOR GEAR/REGULATOR (LH)	NOT NECESSARY	585.00	-
1	REAR DOOR GEAR/REGULATOR MOTOR (LH)	NOT NECESSARY	860.00	-
1	REAR TYRE (LH)	NOT NECESSARY	480.00	-
1	REAR TYRE RIM (LH)	CUT	1,250.00	1,250.00
1	REAR WHEEL HUB BEARING	DAMAGED	561.80	561.80
1	REAR SHOCK ABSORBER (LH)	DISTORTED	532.00	532.00
1	REAR SHOCK ABSORBER MOUNTING (LH)	NOT NECESSARY	235.00	-
1	REAR WHEEL DRIVE SHAFT	DISTORTED / DAMAGED	2,500.00	2,500.00
1	REAR CONTROL ARM LONG (LH)	DISTORTED	939.50	939.50
1	REAR CONTROL ARM LOWER (LH)	DISTORTED	859.50	859.50
1	REAR KNUCKLE ASSY (LH)	DISTORTED	1,700.00	1,700.00
1	CONTROL ARM RR/THRUST ROD	DISTORTED	858.50	858.50
1	CONTROL ARM RR/THRUST ARM	DISTORTED	950.00	950.00
	LESS 10% DISCOUNT		-2,171.18	-1,935.68
			19,540.62	17,421.12
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER METAL PLATE (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	180.00	40.00
1	REAR DOOR COMFORT LIMO CAB LOGO (SN)	NECESSARY	60.00	60.00
			290.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		1,200.00	700.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TOWING CHARGES.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	40.00

Report Ref No. CS/AGI19007577/Dsd3n2



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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	80.00
	REMOVE/REFIX REAR WINDSCREEN GLASS (SEALANT).		120.00	80.00
	REMOVE/REFIX REVERSES ENSOR.		120.00	40.00
	TRANSFER OF DOOR.		120.00	60.00
	REMOVE/REFIX UNDERCARRIAGE (RR).		200.00	150.00
	REAR WHEEL ALIGNMENT.		120.00	60.00
	RE-SET & DIAGNOSIS. }		550.00	150.00
	RE-SET REAR ABS SYSTEM. }		200.00	-
	RE-SET REAR POWER WINDOW SYSTEM. }		200.00	-
			4,030.00	1,960.00
GRAND TOTAL			23,860.62	19,481.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				15,000.00

Report Ref No. CS/AGI19007577/Dsd3n2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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