ASI REC. BY: Surveyor: 10 Winner From (Person):	NA	SSIGNMENT	Office) Du	testimention: 2.6.19 15.	04p.m
Estimated Con			l to:		
	TPRES / OD RES / EVA / H	NV / MV / CS	Insured:	SMK 51555	
nt Workshop n	and bire		Tel: C	214 8300	G.
Policy No. 7	5004239		Claim No: m 19 030	39	
Sum Insured:			Excess:		
Make of Veh: (Client's Record)			D.	D.4.2019	
CA / REV /	REP. / REV 24 HRS 6.14 3.58 p.m Person	Contacted:	Vel	H.O.D. Endousement:	_
Date/Time	Action/Instruction Estimat	(1)	2 8		
	SHID GGIDT - CSTFCI IC		12/3/12 17	10A-01/01/2019	
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No.					

16146

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

Case	Notified	Est Submitted	Adj Assigned	Adi Rpt	Adj Submitted	Ins Authled	Status
Main	02 May 2019 11:43 Sendback Est	02 May 2019 11:47 \$\$2,676.88	02 May 2019 15:04 Assign				New Assignment Cancel Case
	Main	Referen	nce	Claim De	tails	Documents	Show All
LAIM SU	BFOLDER DETAI	LS			-		
Insured: Main Claim	ant:	CTPL, Co.	Reg. No.: 199303	821R			
/ehicle Reg), No.;	SHD6610	J	Date of L	OSS:	[48 Mont	19 16:00 - :59 hs and 17 Days From Date (Man Yr)]
laim Type	8	TP / M190	3039	Policy/Co	ver Note No.:	MS00423 Coverage	9 (Comprehensive) : 12/04/2019 -
ehicle Reg	No. (Insured):	SMK5155S		Policy No	. (Claimant):	11/04/20	21
epairer:	enairer:			Excess:		S\$100.00	
landling In	surer:	Tokio Marir Selvarajoo	te Insurance Sin	Pte Ltd (Loya gapore Ltd (H	ng) 59 Loyang Drive Q) - Tel: 6221 6111	(Handled by I	g - Tel: 6214 8300 Dillen Senthilan so
djuster:		LKK Auto C	onsultants Pte L	td (HQ) - Tel:	5256-3561 [Fina	Rpt due 13/	05/2019]
SSOCIAT	ED MAIL RECEIV						
here are n	o mail for this case.					View All	Compose Case Mail
ALL ASSO	CIATED TASKS	e Task Group	Subject H	View landler Ass			Carrightee
o results.		rean aroup	Subject H	andler As	signed By Con	npleted On	Created On Done?



CONDITION NO.		ima: 02 05 2019 lo	Si Fage
eam: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JONO: 305292100
ER		SHD6610J	MILEAGE
COMFORT TRANSPORTATION PTE 7010045	LTD	MAKE HYUNDAI	FUEL 1/2
383 SIN MING DRIVE Singapore SINGAPORE 575717		MODEL I-40	02.05.2019 09:25
65508755		7F GF MANU 09.04,2015	DARGET DATE COMPLETION DATE TIME
NT CARD NO.		CHASSIS CODE KMHLB41UMFU06	7918
Accident Date: 26.04.2019 WATURE: 3P 26.04.19	JOS DESCRIPTION		
S/NO LABOR CODE	DES	CRIPTION	100
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SERVICE ADVISOR		CUSTOM	ER S SIGNATURE
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dgement Slip	Exit Pass		
	Wehidle No.:		
sHD6610J JU TOKIO		SHD6610J	
		Action Date	
Senios Advisor Signatura/Data	Name of Service	Cate Cate	

To be kept by Seounty Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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 Oriver.
- Information provided must be as truthful and accurate as possible. Any wiful 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 Centra 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

Market of the second property of the second	ACCIDENT STATEMENT
Date Of Report	27/04/2019 11:56
Date Of Accident	26/04/2019 16:35
Exact Location Of Accident	KALLANG RD TOWARDS CRAWFORD ST
Country/State of Loss	SINGAPORE
D. Company	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD6610J
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	140
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	TAN BENG HUAT
NRIC No	\$1303975E
Date Of Birth	06/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1978
Driving Experience	40 YEARS AND 4 MONTHS

MALE

(LOCAL) +65-87866824

SJN3020E@GMAIL.COM

Address

BLK 248 COMPASSVALE ROAD #09-620

Postcode

540248

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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

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

SMK5155S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN ANDREW TIU

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 repudiate 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.
- Consent under the Personal Data Protection Act (PDPA)
 Lunderstand, 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 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 lew 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:
 - 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.

COMPORT TRANSPORTATION 12

Policyholder's Signature Date & Time: Driver's lignature

(If driver is not the policyholder)

Date & Time:

Juvia Wendy

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

2.7 APR 2019

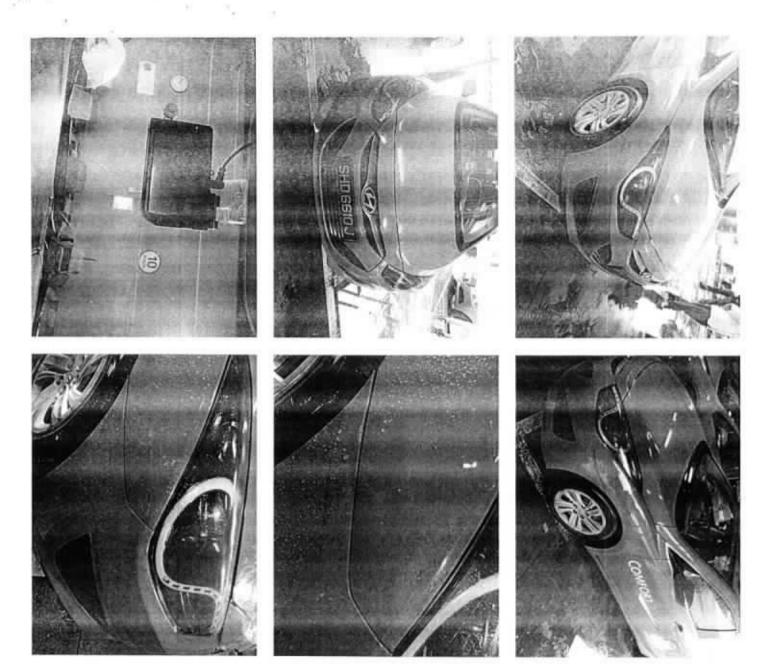
Sketch Plan Pg. 2

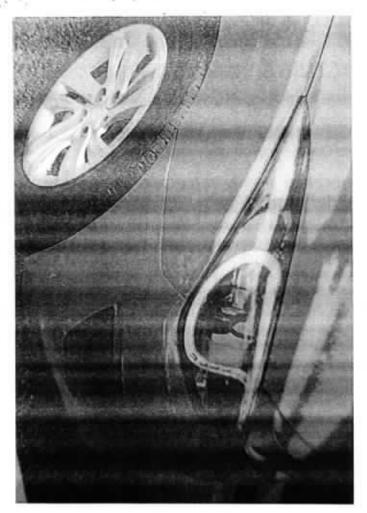
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						-10-01		
DECLARATION								
DECLARATION /We declare the for	regoing particular	s are true in every r	respect.					
/We declare the for		***	respect.			/en/dy		
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/We declare the for	H. Fr. 1 1 10 11 11 11 11 11 11 11 11 11 11 11	***					Sonnel's Sign	6

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On the 26/04/2019 at about	16:35hrs, I was driving along Kallang Ro	heading towards
Crawford St slip road direct	on.	
As I was driving suddenly a	vehicle SMK5155S encroached onto my	ane and collided onto
my right front portion of my	r taxi.	
No passenger on board my	axi.	
No injury at the point of acc	ident.	
Declaration		
I/We declare the foregoing partic	ulars are true in every respect.	
CO REG NO 19310153	A.W	James and will
Policyholder's Signature/Date & Time	Oriver's Signature (if driver is not the policyholder)/Oste & Time	Witnessed by Reporting Centre Personnel
		2.7 APR 2019









COMFORTDELGRO ENGINEERING

Our Job Ref No 305292100 ComfortDelGro Engineering Pte Ltd. 03/05/19 59 Loyang Drive Singapore 508969 Fax: 6546 5156 Date FINALIZATION FORM LKK Fax: KALVIN Attn : Date of Accident: 26.04.19 SHD6610J The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-TOKIO SMK5155S The repair job shall bill to: 2,02,00 2 The finalized amount shall be: Spare Parts after List discount (a) 11111 (b) Labour Charges Total for Part-By-Part Repair Cost D.I (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% \$1,700.00 Final Lumpsum Repair cost Estimated normal period for repairs: 2 working days 3. 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days Thank you for your assistance. We confirm the estimates and finalized amount Signature : Signature: JUMANI Name Name Tel 6214 8315 Date 65468156 Fax For Official Use Only Document Confirm By Item) Amount Attached Remarks (Signature) Yes or No Rental Rate P/Day YES 2. Loss of Income Paid N Survey Fees LTA Search Fee \$7.49

Remarks					

Medical Fees (on behalf of driver, if applicable)

Overrun

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHD 6610J 43

DATE 2/5/2019 10:34

MAKE

Qty	Parts Description/ Labour	Type	Unit Price	Α	mount
	Front Bumper Cover / C4			S	544.50
	Front Bumper Grille (RH)			S	41.60
	Front Bumper Bracket Top (RH)			S	22.40
	Front Bumper Bracket (RH)			S	24.60
	Headlamp (RH)			S	1,388.00
	Foot RH Fin La x my cir				
	SUB TOTAL			S	2,021.10
	LESS 20%			S	404.22
	DISCOUNTED TOTAL			S	1,616.88
	Labour Charge				200
	Panel Beating			S	400.00
	Spray Painting Charge-Bumper/Fender			S	500.00
	Tuff Kote			S	50.00
	Merinan Fee			\$	101
	TOTAL LABOUR			5	1,050.00
	ESTIMATE TOTAL			s	2,666.88
	ESTIMATE TOTAL			3	2,000.00
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	10/ 10/10/16				
	After Report plo				
	/10/				
	This is an initial estimate based on a visual inspection of the		1. 22. 2. 1	0.0000000000000000000000000000000000000	CTCPSCSP445

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Page 1 of 1

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

AND DESCRIPTION OF THE PERSON NAMED IN	OLDER TRACKI	Est Submitted	Adj Assigned	Adi Rot	Adi Submitted	Ins Auth'ed	Status
	02 May 2019 11:43 Sendback Est	02 May 2019 11:47 \$\$2,676.88	02 May 2019 15:04 Edit Adj Rpt	5\$1,700.00 Edit Estimates	5\$1,700.00 View Rpt	Tra statis ea	Pending for Survey Report Cancel Case
,	fain	Refer	ence	Claim Detail	*	Documents	Show All
CLAIM SUI	BFOLDER DETA	ILS					
Insured:	CTPL, Co. Re	eg. No.: 19930382	1R				
Main Claimant:	CTPL						
Vehicle Reg. No.:	SHD66103			Date of Los	26/04/2019 1 [48 Months a		A Reg Date (Man Yr)]
Claim Type:	TP / M1903	039		Policy/Cove		omprehensive) /04/2019 - 11/04/20	221
Vehicle Reg. No. (Insured):	SMK51555			Policy No. (Claimant)			
Alberta mirror de Austra				Excess:	5\$100.00		
Repairer:	ComfortDelG	ro Engineering P	te Ltd (Loyang) :	59 Loyang Drive, 50	8969 Loyang - Tel	6214 8300	
Handling Insurer:	Tokio Marine	Insurance Singa	pore Ltd (HQ) -	Tel: 6221 6111 [F	landled by Dillen	Senthilan so Selva	srajoo]
Adjuster:	13/05/2019		(HQ) - Tel: 6256-	3561 [Handled b	Y KALVIN ANG V	VEI KUN] [Fina	I Rpt due
ASSOCIAT	ED MAIL RECEI	VED				View All	Compose Case Mail
There are no	mail for this cas	e.					
ALL ASSO	CIATED TASKS	3			View All Sea	rch Tasks Create	New Task Complete
Due Date	Priority 1	ype Task Gro	up Subject	Handler Ass	100000000000000000000000000000000000000	- Street	Created On Done

Merimen e-Claims Page 1 of 2

Claim Documents

SHD6610J (M1903039)

[SMK5155S]

TP

CTPL

Apr 26 2019 4:00PM

[CTPL]

ComfortDelGro Engineering Pte Ltd

Ass	essment Reports		1 per	page 🔻	4
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	02/05/19 11:47	Repairer Estimates	0	Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ) Accident Statement		Thumbnail	Print
1	02/05/19 15:04	From:SC - Reg. No: SMKS1555, Claimant: ROSELLE ANGELI HERNANDEZ TAN	0	Load HTM	
Pho	otos/Images		3 per	page 🔻	V
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	- Passerina	Thumbnail	Print
1	03/05/19 08:03	General View	0	Load JPG	V
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3	03/05/19 08:03	General View	0	Load JPG	1
4	03/05/19 08:03	General View	0	Load JPG	V
5	03/05/19 08:03	General View	0	Load JPG	12
6	03/05/19 08:03	General View	0	Load JPG	V
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8	03/05/19 08:03	General View	0	Load JPG	[2]
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15	03/05/19 08:03	General View	0	Load JPG	[2]
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22	03/05/19 08:03	General View	0	Load JPG	Ø
23	03/05/19 08:03	General View	0	Load JPG	V
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25	03/05/19 08:03	General View	0	Load JPG	Z
26	03/05/19 08:03	General View	0	Load JPG	8
27	06/05/19 08:28	Reinspection Photo	0	-	<u>N</u>
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10	06/05/19 08:28	Reinspection Photo	0	Load JPG	3

Merimen e-Claims Page 2 of 2

Ass	Assessment Reports		1 per page V	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumt	nail Prin
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1	08/05/19 15:38	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee	O Load I	PDF
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1	02/05/19 11:48	E-filed GIA report	■ Load 1	PDF

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			0
Show Remarks To: Repairer Handling Insurer Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd (Co. Reg. No: 199607198R)

51 Ubi Ave 1 #01-25, Pava 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/TMI19007729/K1TD3Q2

Date:

14/05/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd.

Policy No:

MS004239

Claimant Vehicle No:

SHD6610J

Insured Vehicle No:

SMK5155S

Date of Loss:

26/04/2019

Nature of Claim:

TP

Claim No: M1903039

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHD6610J

Make & Model:

HYUNDAI 140, 1.7 GDI (A)

Engine No:

D4FDEU480794

Reg. Date: Colour

09/04/2015 (Man. Year: 2015)

Chassis No:

KMHLB41UMFU067918

Odometer:

484419 km

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):

Engine Modification:

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

Yes Average

Handbrake (Serviceable): CONDITION OF TYRES

Yes

Rear Tyre Size:

205/60R16

Front Tyre Size: Front Left Side:

205/60R16 Hankook 5 mm

Rear Left Side: Rear Right Side:

2,864.26

Hankook 5 mm Hankook 5 mm

Front Right Side: Hankook 5 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,616.88	1,546.00	70.88	4.38
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,050.00	600.00	450.00	42.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total	(S\$) 2,676.88	2,156.00	520.88	19.46
Approved Total (Overridden)	(S\$)	1,700.00		
	(S\$) 2,676.88	1,700.00	976.88	36.49
+ GST 7.00/7.00%	(S\$) 187.38	119.00	68.38	36.49

INSPECTION

Date of Assignment:

02/05/2019 Present Location:

ComfortDelGro Engineering Pte Ltd

1,045.26

36.49

(Loyang)

Date Inspected:

02/05/2019 Inspected At:

Nett Amount (S\$)

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

1,819.00

Estimated Period of Repair:

2.0 days

Adjuster Report

Adjuster:	KALVIN ANG WEI KUN	Manager:	DENISE TAY KWEE CHENG

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 tilability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Referen Part Source		(Last Synchronised: 13 May 2019)
Parts:	N/A	HYUNDAI I40 1.7 GDi (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD6610J)	
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 no	ot in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT BUMPER ASSY	Cut	544.50 FL	*544.50 FL
2	1		*FRT BUMPER GRILLE RH	Repair	41.60 FL	*-FL
3	1		*FRT BUMPER BRACKET TOP RH	Serviceable	22.40 FL	*-FL
4	1		*FRT BUMPER BRACKET RH	Serviceable	24.60 FL	*-FL
5	1		*HEADLAMP ASSY RH	Cracked	1,388.00 FL	*1,388.00 FL
6	1		*FRONT RH FENDER (NPA)	Repair		*-FL
F=Franchise part. L=ListItemDisc. Sub Total (S\$) - List Item Discount on L Items 20.00/20.00% (S\$)		2,021.10 404.22	1,932.50 386.50			
				Total Parts (S\$)_	1,616.88	1,546.00

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 (S\$)	10.00	10.00

Recommended 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	0.00
		Gross Labour Cost (S\$)	1,050.00	600.00

< END OF ESTIMATES >

Report was unsubmitted during this print-out.