

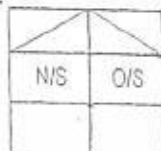
Surveyor: Kelvin

REF: CC3/TMI/1900797/1KHd352

Assessment Date: _____
 Estimate Ref: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



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

Van No: SHD 43910 26 24 2012
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T.O. / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa cc 1900
 Colour: Blue A/C: Ins Q / Std / NI / NA
 Sp. Reading: 33 6099 T/Radio: Ins Q / Std / NI / NA
 Eng/No: _____
 C/No: KMHET 41 VMCA 82 7 868
 Gen. Cond: Good / Q / Poor / Burnt
 Steering: In Q / Jammed / Leaked / Burnt or
 Brake: In Q / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD Q / Rim or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Harada
 Front 7 mm Rear 7 mm
 R/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 5/5/19 D.O.I. 6/5/19
 Survey held at CDE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
n/s Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 43910 - CC6 / 11116024126 / VW 4392
	SLG 2798P - X
	D.O.A - 19/11/2016 To Kio
	42

7/5/19 @ 11:00am email GIA & estimate to Tokio manne.
 8/5/19 Insured 41 & 1400 / 24. (Red: 599.28 '29%)

RECEIVED 10 MAY 2019

Date/Time, File Pass to? ☐ : Prel. Report

11/15 Typist ☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Rep. Insp (\$)

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

250

10

1400f

COMFORTDELGRO

Date/Time: 06.05.2019 13:17 Page: 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305292859

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
Tel: (R) 65508755 (O)

REGN NO.:

SHD4391D

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

SONATA

DATE/TIME IN

05.05.2019 16:30

YR OF MANU.

26.07.2012

TARGET DATE

CHASSIS CODE

KMHET41VMCA827868

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

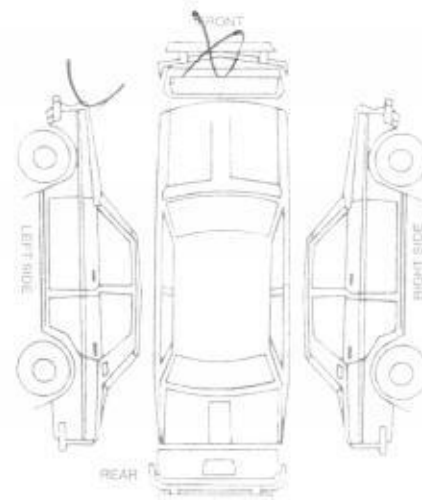
Accident Date: 05.05.2019

NATURE: 3P 05.05.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

of:

File No.:

SHD4391D

CHIANG

Vehicle No.:

SHD4391D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 7 May 2019 11:10 AM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 05/05/2019, SHD 4391D (TP VEHICLE), SLG 2798P (OI VEHICLE)
Attachments: estimate.pdf; gia report.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 4391D at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 06/05/2019.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	06/05/2019 12:17
Date Of Accident	05/05/2019 14:55
Exact Location Of Accident	RESORT WORLD SENTOSA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4391D
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
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 KIAN NGIAP
NRIC No	S1193038G
Date Of Birth	26/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97971136
Fax Number	
Contact Number	
EEmail Address	KIANNGIAPCHUA2626@YAHOO.COM

Address	BLK 78 FLORA ROAD #01-39
Postcode	506918
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

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	SLG2798P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

RIGHT REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

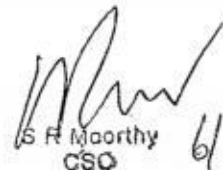
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

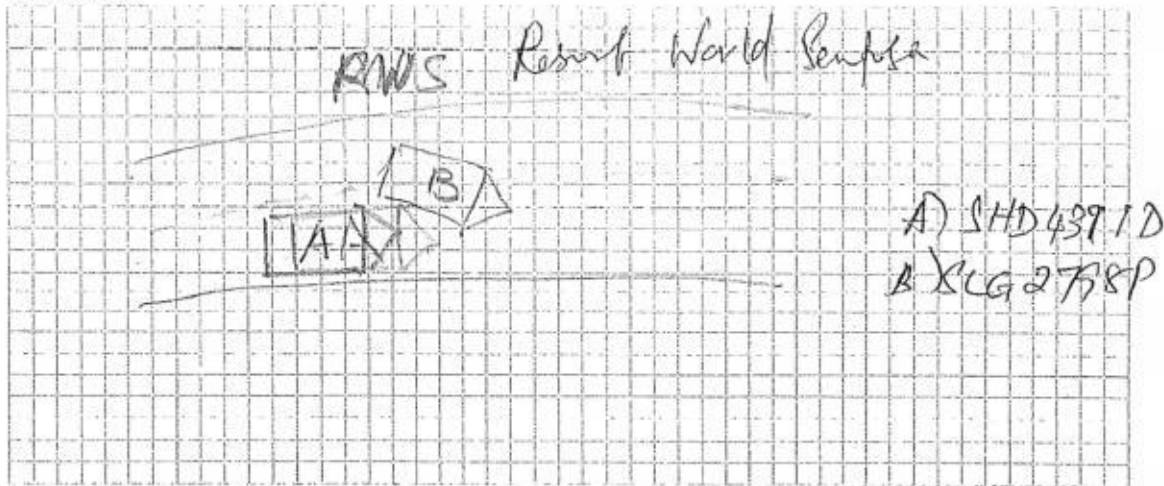
Policyholder's Signature
Date & Time:

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

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


S R Moorthy
CSO
6/5/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/5/19 at about 1455hrs while I Veh A just moved from the extreme right lane of the driveway and after verifying the destination address from my passenger. Veh B suddenly filtered right from the left lane onto my lane.

DECLARATION

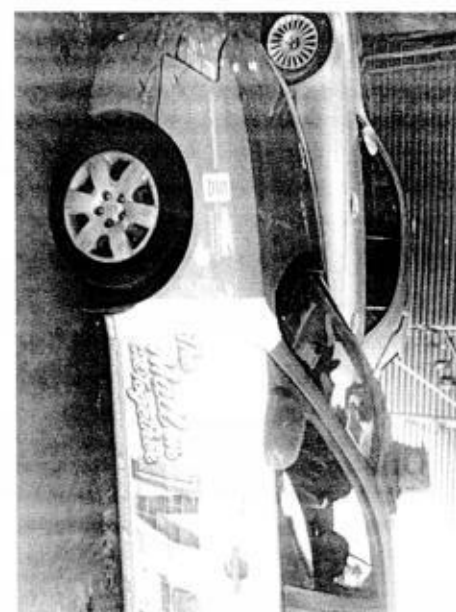
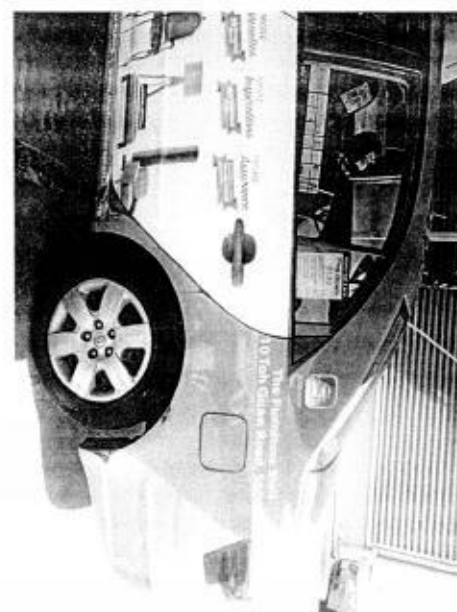
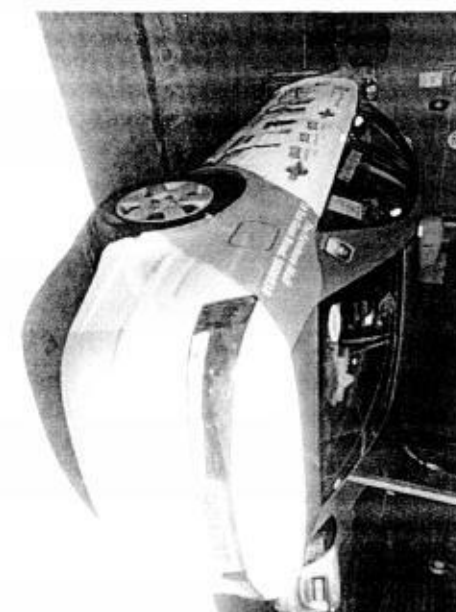
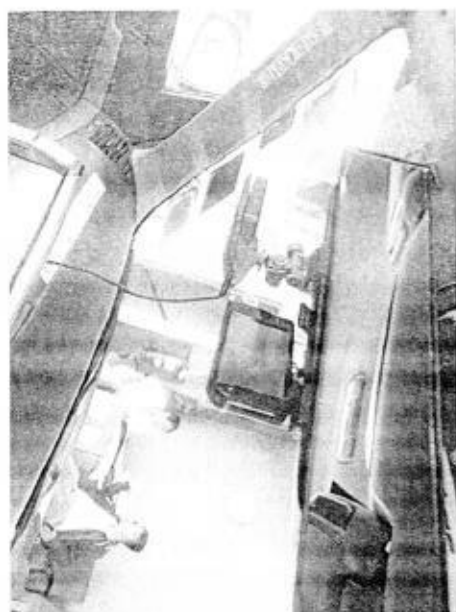
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature
Date & Time:

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

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



the living as you like

to the car roof

1994



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:	05/05/2019
Vehicle Reg. No.:	SHD4391D	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI SONATA NF, 2.0 CRDI AT ABS 2WD 4DR TURBO (A)	Vehicle Reg. Date:	26/07/2012
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4EAC137422	Chassis No:	KMHET41VMCA827868
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,089.28
Miscellaneous Items	10.00
Labour	0.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,099.28
+ GST 7.00% (S\$)	76.95
Nett Amount (S\$)	1,176.23

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: 06 May 2019)

Parts: 143 HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHD4391D/06/05/2019 14:35

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		*BUMPER COVER FRT <i>cut</i>	20.00	0.00	*468.60 FL
2	1		*BUMPER COVER BLANKING FRT/LH <i>Xen</i>	20.00	0.00	*15.30 FL
3	1		*BUMPER MOULDING FRT/LH <i>X repn</i>	20.00	0.00	*29.00 FL
4	1		*BUMPERBRACKET TOP FRT/LH <i>Xen</i>	20.00	0.00	*18.00 FL
5	1		*HEADLAMP FRT/LH <i>bracket</i>	20.00	0.00	*693.00 FL
6	1		*BUMPER BRACKET FRT LH <i>Xen</i>	20.00	0.00	*12.70 FL
7	1		*ADVERTISEMENT FENDER LH <i>me</i>	0	0.00	*100.00 FS

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

Front Fender (LH) x repn

Sub Total (\$\$)

1,336.60

- List Item Discount on L Items (\$\$)

247.32

Total Parts (\$\$)

1,089.28

ComfortDelGro Engineering Pte Ltd/SHD4391D/06/05/2019 14:35. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING FRT FENDER AND BUMPER	New	400 300
2	SPRAY PAINT FRT BUMPER & FENDER LH	New	500 400
Gross Labour Cost (S\$)			0.00

ComfortDelGro Engineering Pte Ltd/SHD4391D/06/05/2019 14:35. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka hi 16/6/19

6/5/19 1530 L

2 Pcs

4/5

After Repair photo

Signature of Repairer

Date:

Signature of Insurer

Date:

Signature of Assessor

Date:

Signature of Approver

Date:

Our Job Ref No : 305292859
Date : 07/05/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD4391D

Fax :
05/05/19

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

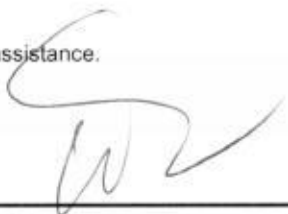
1. The repair job shall bill to: TOKIO SLG2798P
2. The finalized amount shall be:
- (a) Spare Parts after List discount
- (b) Labour Charges
- Total for Part-By-Part Repair Cost**
- (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$1,400.00


3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KAHN
Date : 8/5/19

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:

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 May 2019 14:23 Sendback Est	06 May 2019 14:35 S\$1,099.28 S\$1,099.28	07 May 2019 16:49 Edit Adj Rpt	S\$1,400.00 Edit Estimates	S\$1,400.00 View Rpt		Pending for Survey Report Cancel Case
Supp #1	06 May 2019 15:18 Sendback Est	06 May 2019 15:27 S\$1,060.00 S\$1,060.00	07 May 2019 16:49 Assign			Combine Suppl.	New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHD4391D	Date of Loss:	05/05/2019 14:00 - :59 [81 Months and 9 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1903216	Policy/Cover Note No.:	MK000200 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLG2798P	Policy No. (Claimant):	
		Excess:	S\$1,500.00
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 Telma Gomez - 65926402]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 16/05/2019]		

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.									

Claim Documents

SHD4391D (M1903216)
[SLG2798P]
TP
CTPL
May 5 2019 2:00PM
[CTPL]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail Print
1	06/05/19 14:35	Repairer Estimates	 Load HTM	
2	06/05/19 15:27	Repairer Estimates Suppl. #1	 Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail Print
1	07/05/19 16:48	Accident Statement From:SC - Reg. No: SLG2798P, Claimant: LCRF PTE LTD	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
2	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
3	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
4	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
5	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
6	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
7	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
8	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
9	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
10	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
11	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
12	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
13	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
14	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
15	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
16	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
17	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
18	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
19	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
20	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
21	08/05/19 08:49	General View	 Load JPG	<input checked="" type="checkbox"/>
22	08/05/19 17:01	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
23	08/05/19 17:01	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
24	08/05/19 17:01	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
25	08/05/19 17:01	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail Print
1	06/05/19 15:26	E-filed GIA report	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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)

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VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19007971/K1TD3S2

Date: 10/05/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MK000200

Claimant Vehicle No : SHD4391D

Insured Vehicle No : SLG2798P

Date of Loss: 05/05/2019

Nature of Claim: TP Claim No: M1903216

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD4391D

Make & Model: HYUNDAI SONATA NF, 2.0 CRDI AT ABS 2WD 4DR TURBO (A)

Engine No: D4EAA930358

Reg. Date: 26/07/2012 (Man. Year: 2012)

Chassis No: KMHET41VMCA827868

Colour: Blue

Odometer: 336099 km

Engine Capacity: 1991 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	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size: 215/60R16

Rear Tyre Size: 215/60R16

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	1,089.28	1,029.28	60.00	5.51
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	0.00	700.00	-700.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,099.28	1,739.28	-640.00	-58.22
Approved Total (Overridden) (S\$)		1,400.00		
(S\$)	1,099.28	1,400.00	-300.72	-27.36
+ GST 7.00/7.00% (S\$)	76.95	98.00	-21.05	-27.36
Nett Amount (S\$)	1,176.23	1,498.00	-321.77	-27.36

INSPECTION

Date of Assignment:	07/05/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	06/05/2019	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: 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 liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 10 May 2019)

Parts: 143 HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHD4391D)

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		*BUMPER COVER FRT	Cut	468.60 FL	*468.60 FL
2	1		*BUMPER COVER BLANKING FRT/LH	Serviceable	15.30 FL	*- FL
3	1		*BUMPER MOULDING FRT/LH	Repair	29.00 FL	*- FL
4	1		*BUMPERBRACKET TOP FRT/LH	Serviceable	18.00 FL	*- FL
5	1		*HEADLAMP FRT/LH	Grazed	693.00 FL	*693.00 FL
6	1		*BUMPER BRACKET FRT LH	Serviceable	12.70 FL	*- FL
7	1		*ADVERTISEMENT FENDER LH	Necessary	100.00 FS	*100.00 FS
8	1		*FRONT FENDER (LH)(NPA)	Repair	-	*- FL

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

Sub Total (S\$)	1,336.60	1,261.60
- List Item Discount on L Items 20.00/20.00% (S\$)	247.32	232.32
Total Parts (S\$)	1,089.28	1,029.28

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING FRT FENDER AND BUMPER	New	-	300.00
2	SPRAY PAINT FRT BUMPER & FENDER LH	New	-	400.00
Gross Labour Cost (S\$)			0.00	700.00

Report was unsubmitted during this print-out.

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