. 43	22/09/2002 ASS, REC, BY:	REF: (SITM] 190025961 Dvd 302 Special Instruction:
Mur!nun	SURVEYOR	Bryan ASSIGNMENT (Office) Date/Time: 15-5-19 12-64 p. in.
	OD (TP) + WS To Inspect Ve	
	of Policy No. M	# 01-057 06 An (Auto point
		D.O.A. 8 5 2019 / REP. / REV 24 HRS H.O.D. Endorsement:
	Date/Time	Action/Instruction (Person Contacted: Vehicle (IN) OUT Action/Instruction (Stinuste Still 44494 - (S) MSG 17621212/ KND 822 XD 7547B - X

	ASSIGNMENT	COS MOICH 2020
From Date:	Veh No. 8HB 4444	H Yr Regn: 2016 March
From: Date: Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: Hyunda .	I40 ac 1685
Motivo Ma-010 (200)	Colour 31	A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading 447349	T/Radio: Insured / Std / NI / NA
of		FU605718
Insured:		B414MGU086646
Policy No.	Gen. Cond. Good Fair / Poor / Bi	
Claims No.	Steering: Introcr / Jammed / Leal	
Sum Insured: Excess:	Brake: Inorder / Jammed / Leal	
(Client's Record)	Modi: Nil S/Rim / STD A/Rin	
Make of Veh:		205/60716
	Tyre Size: F:	005 160 KIB
(Policy Condition) Remark: The yet had commenced its	11	IZA I MIC / OHTSU / PIR / SUML/
Remark: The veh had commenced its repair at the time of inspection.	TOYO / YOKO or	Westlesse
Bal. or Market Value:	P/Bal. \$ mm	Rear R/Bal. ℃ mm
IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No	(L/Bal. S mm
OIA / TA COOK	The state of the s	D.O.L 16/05/2019
Est. Repairs: 13 4 days Res.: Yes or No		
Lum Sum: 3 Val.: Yes or No		<u> </u>
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / C	Body 4 0/3 Front
Date: Person Contacted:	The U/C / Chassis frame / I	Body Structure affected due to collision.
Date / Time Action / Instruction		
To 100 XD 7542B		
3 07 9 Juage 2/5 1350	01 to 13 dgs gray	(Red 11,479-12,
0 0		460
	0010	
RECE	EIVED 0 4 JUL 2019	
	Days Of Repair: 13	
Date/Time, File Pass to? Preli. Report		
i) : Final Report	Resurvey No. of Trip:	
Date/Time, File Return to?	Add Fee: Site Insp (\$	Transportation: 550
2) 47 - typist	Interview (\$) Fhotos
Penart Format	Tech. Invs. (\$) Others
Report Format : Merimen		/ Contras
Lump <u>Sum</u> / I.B.J.: (\$ 13,5∞ \(\gamma\)	Weekend (\$	

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Authled	Status	
Main	10 May 2019		15 May 2019 12:04 Assign				New Assignm Cancel Case	nent
	Main	Ref	erence	Clain	n Details	Documen	ts	Show All
CLAIM S	UBFOLDER DE		ALUM STERNING STATE	Mercury and a second	AND DESCRIPTION OF THE PARTY OF	450000	ted by insure	r]
Insured:		RONG	DE LOGISTIC PT	ELTD, Co. Re	g. No.: 200009392E			
Main Clair	mant:	COMFO	RT TRNASPORT		D, Co. Reg. No.: 1			
Vehicle Re	eg. No.:	SHB4	449H	Date	Date of Loss:		/2019 18:00 - :	ST STORY OF STREET
Claim Type:		TP / M	TP / M1903386		Policy/Cover Note No.:		ME000845 (Comprehensive) Coverage: 26/08/2018 - 25/08/2019	
Vehicle R	eg. No. (Insured)	: XD754	XD7542B		Policy No. (Claimant):			
Terricio i					Excess:		0	
Repairer:		648360	16		Q) Blk 10 #01-05/0			
Handling	Insurer:	Tokio I	Marine Insuranc	e Singapore L	td (HQ) - Tel: 6221	6111 [Handled	by Jeffrey Tay	- 65926413
Adjuster:		LKK AL	to Consultants	Pte Ltd (HQ) -	Tel: 6256-3561	Final Rpt due	27/05/2019]	
Driver/Cu	stodian (Insured): NG CHE	E LEONG () , N	RIC: S1371210	G, Tel: +6596384	927 Email:		
ASSOCI	ATED MAIL REG	CEIVED				View All	Compose	Case Mail
There are	no mail for this	case.						
E ALL ASS	SOCIATED TAS	ĸs			View All Search	n Tasks Crea	te New Task	Complete
			iroup Subjec	t Handler	Assigned By	Completed On	Created O	n Done
Due Da	ate Priority	Type Task 0	noup subjec	, namuler	wasilinen nå	The state of the s		

MCD619062464 / ComfortDolGro Engineering Pie Ltd - Loyang ENTRY DATE & TIME: 14/05/2019 12:00 SUBMITTED BY: Hueng XiaoYan

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/05/2019 12:12

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 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.	
	ACCIDENT STATEMENT
Date Of Report	14/05/2019 12:00
Date Of Accident	08/05/2019 18:30
Exact Location Of Accident	PIONEER ROAD TWDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB4449H
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-85508768
Vehicle Particulars	Window to work to the an analysis of the state of the sta
Manufacturer	HYUNDAI
Model	140
Exact Purpose for which vehicle was being used a time of accident	at
Are you claiming under your own insurance policy for repair to your vehicle?	NO 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
Maria Cara Maria Mari	VFC

YES Fleet Policy

D-18088936MFSH Policy Number

Cover Note Number

Driver

NG BENG KIM PETER Name of Driver

S0227318G NRIC No 02/03/1954 Date Of Birth OUTDOOR Occupation 09/07/1974 Date Of Driving Pass

Driving Experience 44 YEARS AND 9 MONTHS

NOEMAIL

MALE Gender

(LOCAL) +65-97544524 Mobile Number

Fax Number Contact Number

EMail Address

BLK 531 BUKIT BATOK STREET 51 #07-138 Address

650531 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Orlver's Own

Vehicle

OTHER - TAXI DRIVER

2

YES

NO

YES

NO

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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

Was any body injured in the Accident? YES:

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT: T/20190509/2018

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

YES YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

BUKIT BATOK N.P.C

Vehicle Registration Number

XD7542B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NG BENG KIM PETER

Approximate Age

Injuries Sustain

NECK, SHOULDER AND BACK PAIN. ON 4 DAYS MC.

SHB4449H Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
 - 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

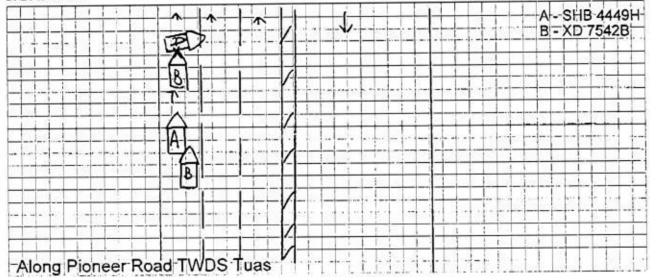
(If driver is not the policyholder)

Date & Time: 10,05,2019 @ 1600 hrs 44

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/201905909/2018
Traffic Accident Ammendment Report
Third Party lose Control and collided into our taxi A - Rear Right portion.
Const.

DECLARATION

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

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time: 10.05.2019 @ 1600 hrs

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





1 of 3

Report No. T/20190509/2018

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2019 03:52			Vide Report No.:	Station Diary No.: 23	
li orma	nts Partic	riars			
Name of NG BEN	Informant: IG KIM		Address: APT BLK 531 BUKIT BATOR SINGAPORE 650531	C STREET 51 #07-138	
ID Type / ID No.: NRIC NO / S0227318G			Contact No.: Home/Office: Mobile: 97544524		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 65 02/03/1954			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 08/05/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 PIONEER RO		eer Cre	scent	•	
Weather: Cloudy			Surface:		Road Speed Limit:
Traffic Flow: One Way		060609111100	Control: ontrolled		Traffic Volume: No Traffic
Type of Collis Between Mov	sion: ving Vehicles - Head To R	ear			Anyone conveyed by ambulance: Yes

Lails of V	EIIB Ø/Veitige involved								
aide No.	Type	Make	Model	Color	Condition No of Passenger				
SHB4449H	Car	HYUNDAI	i40	Blue	Seriously 0 Damaged				

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



2 of 3

Report No. T/20190509/2018

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

CONTINUATION OF REPORT

Tel No: 1800-6659999

Name	NG BENG KIM			ID No		S0227318G
Related Vehicle	SHB4449H (Car)			Conta	ct No.	97544524
Hospital/Clinic	NG TENG FONG GE	HOSPITAL	Class Drivin Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	08/05/2019 Date			charge	08/05	5/2019
	ted Medical Leave	04	Degree o	of Injury	Sligh	t

Brief Details.

On 08/05/2019 at about 1830hrs, I was driving my vehicle, a blue color comfort taxi, Hyundai i40 along Pioneer road towards Tuas. Just after Pioneer Crescent, my vehicle was rear end by a lorry trailer which I recall is blue in color.

My vehicle was pushed from the rear till it skidded to the right. The end result, the driver side of my car was being push by the front of the lorry trailer. When the ambulance came, the truck was directed to be reversed. I was helped by the paramedics to exit from my vehicle. I was then conveyed straight away to Ng Teng Fong Hospital. Traffic Police was at scene too.

I was subsequently given 4 days of MC from 08/05/2019 to 11/05/2019. I sustained muscle strain on the right side of my neck area. My hospital treatment bill added up to S\$120/-/



3 of 3

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999

CONTINUATION OF REPORT

Report No. T/20190509/2018

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: J / Sgt 3 MUHAMMAD AMIRUL HASIF BIN MOHAMED YUNOS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2019 03:52
Officer In Charge Of Case: TP / GIT / 'taff Sgt MOHAMED HUSNUL TAUFIQ BIN MD 'SOF 'tact No.: 65476358 'tication Stamp Force	Classification Of Case:

Officer- In -Charge Investigation Section Traffic Police No. 10 Ubi Avenue 3 Singapore 408865 Name: Ng Beng Kim NRIC:S0227318G Address:Blk 53 Bt Batok St 51

#07-138

Singapore (650531) Tel: 97544524

TRAFFIC ACCIDENT AMMENDMENT REPORT

ACCIDENT INVOLVING SHB4449H and XD7542B

ALONG Pioneer road towards Tuas after Pioneer Crescent
ON 08/05/2019 @ 1830hrs

With reference to the above, I have on <u>010/02/2019</u> (date) at 1513hrs (time) make a Traffic accident amendment police report at <u>Tampines North NPP</u> (Name of police station / NPP) vide T/20190509/2018.

I would just like to add that the other vehicle involved is XD7542B

Signature

If a police officer records this amendment, p	lease complete the following;	
Name / Rank No:Ssgt T02016 Abdul Ghani	Station Diary No. 11	18
Signature		

Tampines North NPF Block 461 Tampines St 44 #01-56 Singapore 52046' Tel: 1800-7818999

CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHB 4449H

MAKE :

To Survey by (CKK)

DATE: 13.05.2019

TEL : 6542 5119

ODEL	: HYUNDAI i40	FAA	: 6542 6039	_	io Marine	
Qty	Parts Description/ Labour	Туре	Unit Price	_	Amount	
	Front Fender (RH) Devoted			S	663.00	
	Front Fender Apron Panel (RH)			S	637.00	
	Front Fender Shield (RH)			S	174.90	×
	Rear Bumper Cut \ 14			5	553.00	_
	Rear Bumper Clip 10 pcs Nec			S	22.00	
	Rear Fender With Housing (RH) BAC			S	4,736.90	_
	Rear Fender Inner Lining (RH) atterned			S	169.30	_
	Rear Windscreen Moulding New			\$	28.30	_
	Rear Door (RH) Bru			S	2,201.10	_
	Rear Door Rubber (RH) durand			S	280.50	
	Rear Door Gear/Regulator (RH) ≯ NH			S	242.80	
	Rear Door Power Motor (RH)		10	S	158.60	×
	Rear Door Hinge Upper (RH)			S	45.90	×
	Rear Door Hinge Lower (RH)			S	45.90	×
	Rear Door Check (RH)			S	62.90	×
	Rear Door Trim Board (RH)			S	808.70	×
	Front Door (RH) Pented			S	2,256.40	
	Front Door Gear / Regulator (RH)			S	250.60	×
	Front Door Hinge Upper (RH)			S	36.10	X
	Front Door Hinge Lower (RH)			S	36.10	×
	Front Door Check (RH)			S	39.20	X
	Front Door Mirror Assy (RH) broken			S	670.00	
	Front Door Power Motor, RH			s	296.40	X
	Front Door Trim Board (RH)			S	973.50	X
	Door Centre Pillar Outer (RH) Dented			s	2,527.80	-
	Rocker Panel Outer Garnish (RH) Skel ent			S	341.40	1
	Rear Tyre Rim (RH)			S	325.30	100000
	Rear Wheel Hup-Cap (RH) Cwt			S	107.10	-
	Rear Wheelbearing ING & Hub & Dew			S	362.00	X
	Rear Trailing Arm (RH) A custom			S	192.00	
	Rear Assist (RH) & Mishaul			\$		
	Rear Shock Absorber (RH) & author	10		S		2
	Rear Shock Absorber Mounting (RH)			S	81.30	
	Rear Crossmember NH			s	1,021.50	1 1 2 2 2 2 2
	Stabilizer Bar			. s	199.60	1777
	Stabilizer Link HH		16767.95	S	85.90	
	Rear Unner Arm (RH) 26 Au A		1010	5	335.75	TAXOC:
	Rear Upper Arm (RH) & Justan Rear Lower Arm (RH) Z Justan Rear Knuckle Arm (RH) & Justan		12/11/15/27	S		
	Pear Knuckle Arm (RH) #		1341436	5	545.60	
	Medicale Alli (Mi) 4 MSton				2.10.00	
	SUB TOTAL			S	22,290.15	
	LESS 20%			S	4,458.03	
	DISCOUNTED TOTAL		1	6	17,832.12	

SHB 4449H

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat Nac			\$ 50.00	Nett
	Rear Windscreen Sealant >66			S 46.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH)	28		\$ 80.00	Nett
	Front Door Coloured Comfort Logo (RH) Nac			\$ 75.00	Nett
	Front Door Advertisement Logo (RH)			\$ 100.00	Nett
	Rear Tyre (RH) HH		351.00	S 216.00	Nett
				\$ 567.00	1
	Labour Charge				
	Panel Beating			\$ 2,500.00	
	Spray Painting Charge			\$ 1,800.00	120
	Wiring Charge			s 1 00.00	H
	Tuff Kote		1	\$ 100.00	40
	Towing Charge			\$ 50.00	HH
	Remove/Refix Cushion & Upholstery Rear			S 150.00	80
	Remove/Refix Rear Windscreen Glass			S 1-20.00	80
	Remove/Refix Reverse Sensor			s _120.00	207000
	Transfer of Door		S 120.00	\$ 240.00	اعدا
	Remove/Refix Undercarriage (RR)			\$ 200.00	
	Rear Wheel Alignment		300.00	s 120.00	
	Re-set Rear ABS System		20	\$ 200.00	
	Re-set Frt & Rear Power Window System		s 200.00		. 1 (
	Diagnostic & Resetting To Erase Fault Code		200.00	\$ 480.00	1 \
	TOTAL LABOUR			\$ 6,580.00	
	ESTIMATE TOTAL			\$ 24,979.12	
	16/05/2019 e 0900m		16885.36		
	HU ANDRY	1.1	16885 36	5	
	16/05/2019 @ 0900m Nu Andry 2/5mm 1/3 2/5mm 1/3		1/2001.		
	ya >	r	LVV Auto Consultant	ha haman and f	+
	Jrr A .		LKK Auto Consultant the Repairer of the fo		
	0 65 1,100		 To resurvey before/after 	spray painting	
			 To display damaged par Parts prices are subject 	t(s) during resurvey	
			 Parts prices are subject Third party survey is on 		basis
	X		 No illegal modification(s) is allowed	
			 Supplementary item(s) r is subject to final approv 	must be resurveyed a	nd
			- suger to interappion	- mont magnatice CO	прапу
			Acknowledged by Repaire	er:	
	This is an initial estimate based on a visual inspection of t		organization Constraint	ir quantum will	

NAME ADDRESS

Home Tel.:

VIN:

Registration: SHB 4449 H

Technician:

Mileage:

447349

Time Printed 16.5.19 9:40 AM

HYUNDAI 140

Front: Left

Actual	BEFORE	Specified Range
-0°37'		-3°00' 3°00'
4°17'		-0°19' 5°41'
0°29'		-1°30' 1°30'
14°27'		
13°50'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual BEFORE Specified Range
-0°32' -3°00' 3°00'
4°02' -0°19' 5°41'
-3°50' -1°30' 1°30'
18°20'
17°48'

Front

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

Actual	BEFORE	Specified Range
-0°05'		-3°00' 3°00'
0°15'		-3°00' 3°00'
-3°53'		-3°00' 3°00'
-3°21'		-3°00' 3°00'

Rear: Left

Actual BEFORE Specified Range -2°01' -3°30' 2°30' 0°09' -1°30' 1°30'

Camber Toe

		TOPON CONTRACTOR	
Actual	BEFORE	Specified Range	
-1°59'		-3°30' 2°30'	
3°11'		-1°30' 1°30'	

Rear: Right

Rear

Cross Camber Total Toe Thrust Angle

Act	tual	BEFORE	Specified Range
-0°	02'		-3°00' 3°00'
3°2	20'		-3°00' 3°00'
-10	31'		-3°00' 3°00'

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

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

Singapore 408933

Email: sur@lkkauto.com;assignments@lkkauto.com Tel: 6256-3561 Fax: 6844-8805

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/TMI19008596/DVD3N2

Date:

11/07/2019

REFERENCE

Handling Insurer:

Tokio Marine Insurance Singapore Ltd

Policy No:

ME000845

Claimant

SHB4449H

Insured Vehicle No:

XD7542B

Vehicle No: Date of Loss:

08/05/2019

Nature of Claim:

TP

Claim No: M1903386

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHB4449H

Make & Model:

HYUNDAI 140, 1.7 D CRDI F/L ABS AIRBAG 4DR

Engine No:

D4FDFU605718

Reg. Date:

24/03/2016 (Man. Year: 2015)

Chassis No: Odometer:

KMHLB41UMGU086646 447349 km

Colour:

Blue

Engine Capacity: Market Value/New Car 1685 cc

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): **CONDITION OF TYRES**

Front Tyre Size:

205/60R16

Rear Tyre Size:

205/60R16

Front Left Side:

West Lake 5 mm West Lake 5 mm Rear Left Side: Rear Right Side:

West Lake 5 mm West Lake 5 mm

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

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	18,399.12	13,765.36	4,633.76	25.18
Miscellaneous Items	0.00	0.00	0.00	
Labour	6,580.00	3,120.00	3,460.00	52.58
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	24,979.12	16,885.36	8,093.76	32.40
Approved Total (Overridden) (S\$)		13,500.00		
(S\$)	24,979.12	13,500.00	11,479.12	45.95
+ GST 7.00/7.00% (S\$)	1,748.54	945.00	803.54	45.95
Nett Amount (S\$)	26,727.66	14,445.00	12,282.66	45.95

INSPECTION

Date of Assignment:

15/05/2019

Date Inspected:

16/05/2019 Inspected At:

Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint

Singapore 568047

Estimated Period of Repair: 13.0 days

Adjuster: BRYAN TANI

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

Referen		Version: 1.0 (Last Synchronised: 11 Jul 2019)			
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)			
Labour:	Repairer's	(Price-denominated Standard List)			
Print Code:	(Unsubmitted	d, no print-code for SHB4449H)			
Validity:	These estim	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		not in reference catalogue are prefixed with an asterisk *.			

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT FENDER (RH)	Dented	663.00 FL	*663.00 FL
2	1		*FRONT FENDER APRON PANEL (RH)	Not Necessary	637.00 FL	*-FL
3	1		*FRONT FENDER SHIELD (RH)	Not Necessary	174.90 FL	*-FL
4	1		*REAR BUMPER	Cut/Bent	553.00 FL	*553.00 FL
5	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
6	1		*REAR FENDER WITH HOUSING (RH)	Buckled		*4,736.90 FL
7	1		*REAR FENDER INNER LINING (RH)	Deformed	169.30 FL	*169.30 FL
8	1		*REAR WINDSCREEN MOULDING	Necessary	28.30 FL	*28.30 FL
9	1		*REAR DOOR (RH)	Buckled		*2,201.10 FL
10	1		*REAR DOOR RUBBER (RH)	Deformed	280.50 FL	*280.50 FL
11	1		*REAR DOOR GEAR/REGULATOR (RH)	Not Necessary	242.80 FL	*-FL
12	1		*REAR DOOR POWER MOTOR (RH)	Not Necessary	158.60 FL	*-FL
13	1		*REAR DOOR HINGE UPPER (RH)	Not Necessary	45.90 FL	*-FL
14	1		*REAR DOOR HINGE LOWER (RH)	Not Necessary	45.90 FL	*-FL
15	1		*REAR DOOR CHECK (RH)	Not Necessary	62.90 FL	*-FL
16	1		*REAR DOOR TRIM BOARD (RH)	Not Necessary	808.70 FL	*-FL
17	1		*FRONT DOOR (RH)	Dented	2,256.40 FL	*2,256.40 FL
18	1		*FRONT DOOR GEAR/REGULATOR (RH)	Not Necessary	250.60 FL	*-FL
19	1		*FRONT DOOR HINGE UPPER (RH)	Not Necessary	36.10 FL	*-FL
20	1		*FRONT DOOR HINGE LOWER (RH)	Not Necessary	36.10 FL	*-FL
21	1		*FRONT DOOR CHECK (RH)	Not Necessary	39.20 FL	*-FL
22	1		*FRONT DOOR MIRROR ASSY (RH)	Broken	670.00 FL	*670.00 FL
23	1		*FRONT DOOR POWER MOTOR,RH	Not Necessary	296.40 FL	*-FL
24	1		*FRONT DOOR TRIM BOARD (RH)	Not Necessary	973.50 FL	*-FL
25	1		*DOOR CENTRE PILLAR OUTER (RH)	Dented	2,527.80 FL	*2,527.80 FL
26	1		*ROCKER PANEL OUTER GARNISH (RH)	Broken/Cut	341.40 FL	*341.40 FL
27	1		*REAR TYRE RIM (RH)	Not Necessary	325.30 FL	*-FL
28	1		*REAR WHEEL HUP-CAP (RH)	Cut	107.10 FL	*107.10 FL
29	1		*REAR WHEELBEARING ING & HUB	Damaged	362.00 FL	*362.00 FL
30	1		*REAR TRAILING ARM (RH)	Distorted	192.00 FL	*192.00 FL

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
31	1		*REAR ASSIST (RH)	Distorted	145.70 FL	*145.70 FL
32	1		*REAR SHOCK ABSORBER (RH)	Distorted	276.30 FL	*276.30 FL
33	1		*REAR SHOCK ABSORBER MOUNTING (RH)	Not Necessary	81.30 FL	*-FL
34	1		*REAR CROSSMEMBER	Not Necessary	1,021.50 FL	*-FL
35	1		*STABILIZER BAR	Not Necessary	199.60 FL	*-FL
36	1		*STABILIZER LINK	Not Necessary	85.90 FL	*-FL
37	1		*REAR UPPER ARM (RH)	Distorted	335.75 FL	*335.75 FL
38	1		*REAR LOWER ARM (RH)	Distorted	353.80 FL	*353.80 FL
39	1		*REAR KNUCKLE ARM (RH)	Distorted	545.60 FL	*545.60 FL
40	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
41	1		*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
42	1		*REAR DOOR COMFORTDELGRO & APPS STICKER (RH)	Necessary	80.00 FS	*80.00 FS
43	1		*FRONT DOOR COLOURED COMFORT LOGO (RH)	Necessary	75.00 FS	00
44	1		*FRONT DOOR ADVERTISEMENT LOGO (RH)	Necessary	100.00 FS	*100.00 FS
45	1		*REAR TYRE (RH)	Not Necessary	216.00 FS	*-FS
F=Fra	anchise	part. S=S	spcNett, L=ListItemDisc.		500000000000000	- 2000000 NOROS (NOROS (NO
			- List Item Discount on L Items 20	Sub Total (S\$) .00/20.00% (S\$)		17,118.95 3,353.59
				Total Parts (S\$)	18,399.12	13,765.36
			Report was unsubmitted during this pri	nt-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

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No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			
1	PANEL BEATING	New	2,500.00	1,200.00
2	SPRAY PAINTING CHARGE	New	1,800.00	1,200.00
3	WIRING CHARGE	New	100.00	0.00
4	TUFF KOTE	New	100.00	40.00
5	TOWING CHARGE	New	50.00	0.00
6	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	80.00
7	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	80.00
8	REMOVE/REFIX REVERSE SENSOR	New	120.00	40.00
9	TRANSFER OF DOOR	New	240.00	120.00
10	REMOVE/REFIX UNDERCARRIAGE (RR)	New	200.00	150.00
11	REAR WHEEL ALIGNMENT	New	120.00	60.00
12	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE }	New	480.00	150.00
13	RE-SET REAR ABS SYSTEM }	New	200.00	0.00
14	RE-SET FRT & REAR POWER WINDOW SYSTEM }	New	400.00	0.00
	Gross Labo	ur Cost (S\$)	6,580.00	3,120.00
	Report was unsubmitted dur	ing this print-out.		

< END OF ESTIMATES >