

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD TP WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SJA 3977MPolicy No: MI001790Claims No: MI903949

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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

Veh No: SHC 194MYr Regn: 15 Dec 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~i / Prime Mover /

Truck / Trailer or

Make: Hyundai Z40C.C. 1685Colour: YellowA/C: Insured / Std / NI / NASp. Reading: 113063T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLDX14MH4100087Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / WRim orTyre Size: F: 205/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Campen

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 28/5/19D.O.I. 29/5/19Survey held at CPGE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 194M - CS31 FCT 18 014025 / Bcd 352 D.O.A - 12/10/2018 To/Ko
	SJA 3977M - X PIP
30/5/19	Email GIA to TMI
31/5/19	Let PIP \$932.40 / 20y. (Red 555.70, 379)
RECEIVED 31 MAY 2019	
31/6/19	@313pm Check with Merimen increased in \$1 (effect 1st of June)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2) 31/5- typist

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: merimenLump Sum / I.B.I: (\$ 932.40)29011261

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	29 May 2019 <a href="#">Sendback Est</a>	29 May 2019 16:51 <b>S\$1,488.10</b>	30 May 2019 12:15 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS

Insured:	ALYFF & AFFIZ SERVICES, Co. Reg. No.: 53344680E			
Main Claimant:	CCPL			
Vehicle Reg. No.:	SHC194M	Date of Loss:	28/05/2019 23:00 - :59 [17 Months and 13 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1903949	Policy/Cover Note No.:	MI001790 (Comprehensive) Coverage: 07/12/2018 - 06/12/2019	
Vehicle Reg. No. (Insured):	SJA3977M	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 Fiona Gan Bee Song - 65926378]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 11/06/2019]			
Adj Asg. Remarks:	OI HAS NOT RPT THE ACCIDENT			

**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.									

**Veron Chen (LKKAuto)**

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Thursday, 30 May 2019 11:34 AM  
**To:** motorclaims@tokiomarine.com.sg  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD , DOA: 28/5/2019, SHC 194M (TP VEHICLE), SJA 3977M (OI VEHICLE)  
**Attachments:** EST.pdf; GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 194M at M/s: COMFORTDEGLRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 29/5/2019

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,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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	29/05/2019 15:29
Date Of Accident	28/05/2019 23:00
Exact Location Of Accident	NORTH BRIDGE RD X BRAS BASAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC194M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	ANG BUAY KIAT
NRIC No	S1424029B
Date Of Birth	13/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	25/05/1981
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96380187
Fax Number	
Contact Number	
EMail Address	JJJ18@SINGNET.COM.SG

Address	BLK 135 EDGEDALE PLAINS #11-90
Postcode	820135
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	SJA3977M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHD ALIFF
NRIC/Passport Number	
Contact Number	81113106
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

# **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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

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.:

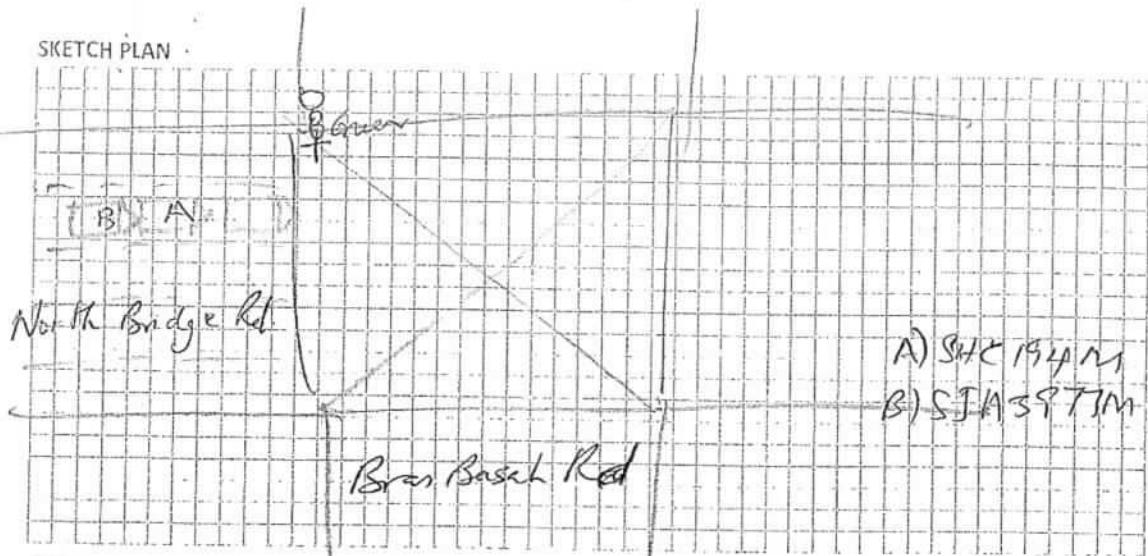
ADDITIONAL INFORMATION

u f  
b r d

8-10  
b r d

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/5/19 at about 2300hrs when I Veh A was about to move when vehicles in front started to move. Veh B collided on the rear of my vehicle.

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

NAME AND SIGNATURE OF DRIVER

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

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

S R Moorthy  
CSO  
29/5/19

Date/Time: 29.05.2019 16:06

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305299348

CUSTOMER

CITYCAB PTE LTD  
7010070  
CUSTOMER NO. 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188

(R) (O)  
(P)

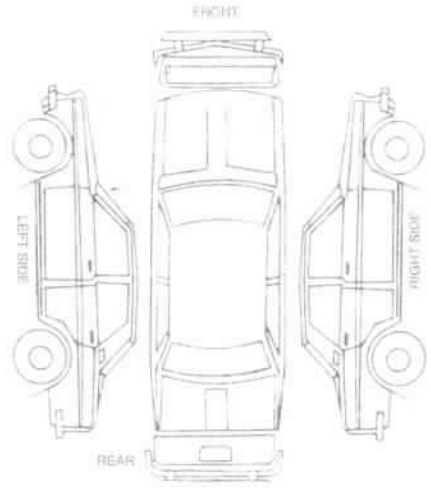
UNIT CARD NO.

REGN NO.: SHC 194M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 29.05.2019 13:50
YR OF MANUF 15.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU100047	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.05.2019  
NATURE: 3P 28.05.19

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_

CUSTOMER'S SIGNATURE \_\_\_\_\_

Admission Slip

Exit Pass

Vehicle No.: SHC 194M LIMITS

Vehicle No.: SHC 194M

Service Advisor

Signature/Date

Name of Service Advisor

Date

Campeon  
205/66 R16

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.05.2019

Time: 16:09:20

REPAIR ESTIMATE

Page: 1

TOKIO MARINE  
CP/P

12 TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

LKK-Kalvin

JOB NO : 305299348

REGN NO : SHC 194M

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 15.12.2017

DATE/TIME IN : 29.05.2019 13:50

ACCIDENT DATE : 28.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	/	Detail
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	X	500
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	X	10
0004 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	<del>2.00</del>	50.00	/	not
0005 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	<del>0.20</del>	135.70	X	500

SUB-TOTAL : 828.10

JOB NATURE

0000 PB	PANEL BEATING	280.00	/	200
0001 SP	SPRAYPAINT CHARGE	250.00	/	200
0002 L	R/I REVERSE SENSOR	120.00	/	30
0003 20-05	TP MERIMEN	10.00	/	

SUB-TOTAL : 660.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 29.05.2019

Time: 16:09:20

Page: 2

*TS*

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305299348  
REGN NO : SHC 194M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.12.2017  
DATE/TIME IN : 29.05.2019 13:50  
ACCIDENT DATE : 28.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

*Lmfs*

MVA NAME & SIGNATURE  
DATE :

TOTAL : 1,488.10

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE  
DATE :

*Kahni 1004*  
*29/5/19 17004*  
*2 Pys*  
*P/P*  
*Before Paint photo*

Acknowledged by: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305299348

Date : 30/05/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 194M

Date of Accident : 28-May-19

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

1. The repair job shall bill to: TOKIO MARINE --- SJA3977M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$492.40

(b) Labour Charges \$440.00

**Total for Part-By-Part Repair Cost \$932.40**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 31/5/19

## 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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

\_\_\_\_\_

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305299348  
REGN NO : SHC 194M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.12.2017  
DATE/TIME IN : 29.05.2019 13:50  
ACCIDENT DATE : 28.05.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40
0002 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	<del>2.00</del>	50.00

SUB-TOTAL : 492.40

## JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 L	R/I REVERSE SENSOR	30.00
0003 20-05	TP MERIMEN	10.00

SUB-TOTAL : 440.00

TOTAL : 932.40

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE : AUTHORIZED : YES / NO

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	29 May 2019 <a href="#">Sendback Est</a>	29 May 2019 16:51 <b>\$1,488.10</b>	30 May 2019 12:15 <a href="#">Edit Adj Rpt</a>	<b>\$933.40</b> <a href="#">Edit Estimates</a>	<b>\$933.40</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>									
Insured: <b>ALYFF &amp; AFFIZ SERVICES</b> , Co. Reg. No.: 53344680E									
Main Claimant: <b>CCPL</b>									
Vehicle Reg. No.: <b>SHC194M</b>		Date of Loss: 28/05/2019 23:00 - :59 [17 Months and 13 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / M1903949</b>		Policy/Cover Note No.: MI001790 (Comprehensive) Coverage: 07/12/2018 - 06/12/2019							
Vehicle Reg. No. (Insured): <b>SJA3977M</b>		Policy No. (Claimant):							
		Excess: \$1,500.00							
Repairer: <b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
Handling Insurer: <b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Fiona Gan Bee Song</b> - 65926378]									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... [Final Rpt due 11/06/2019]									
Adj Asg. Remarks: OI HAS NOT RPT THE ACCIDENT									
<b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

SHC194M (M1903949)  
[SJA3977M]  
TP  
CCPL  
May 28 2019 11:00PM  
[ALYFF & AFFIZ SERVICES]  
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			Thumbnail	Print
1	29/05/19 16:51	ComfortDelGro Engineering Pte Ltd (Loyang) Repairer Estimates		Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder			Thumbnail	Print
1	31/05/19 09:00	LKK Auto Consultants Pte Ltd (HQ) General View		Load JPG	<input checked="" type="checkbox"/>
2	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
3	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
4	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
5	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
6	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
7	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
8	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
9	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
10	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
11	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
12	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
13	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
14	31/05/19 09:00	General View		Load JPG	<input checked="" type="checkbox"/>
15	31/05/19 09:10	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
16	31/05/19 09:10	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
17	31/05/19 09:10	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	10/06/19 10:22	ComfortDelGro Engineering Pte Ltd (Braddell) LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee		Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	29/05/19 17:01	E-filed GIA report		Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	14/06/19 13:00	Letter of Demand from Third Party		Load TIF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>			

**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, Paya Ubi Industrial Park

Singapore 408933

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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19009567/K1VD3E2

Date: 20/06/2019

### REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MI001790

Claimant Vehicle No : SHC194M

Insured Vehicle No : SJA3977M

Date of Loss: 28/05/2019

Nature of Claim: TP

Claim No: M1903949

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC194M

Make &amp; Model: HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)

Engine No: D4FDHU730810

Reg. Date: 15/12/2017 (Man. Year: 2016)

Chassis No: KMHLB41UMHU100047

Colour: Yellow

Odometer: 113063 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): Yes

Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No

Pre-accident Condition: Good

### CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: Campeon 7 mm

Rear Left Side: Campeon 7 mm

Front Right Side: Campeon 7 mm

Rear Right Side: Campeon 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	828.10	492.40	335.70	40.54
Miscellaneous Items	10.00	11.00	-1.00	-10.00
Labour	650.00	430.00	220.00	33.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>1,488.10</b>	<b>933.40</b>	<b>554.70</b>	<b>37.28</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>104.17</b>	<b>65.34</b>	<b>38.83</b>	<b>37.28</b>
<b>Nett Amount (S\$)</b>	<b>1,592.27</b>	<b>998.74</b>	<b>593.53</b>	<b>37.28</b>

### INSPECTION

Date of Assignment: 30/05/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 29/05/2019 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:** VERON CHEN

*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

## REPAIR DETAILS

### Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 03 Jun 2019)
<b>Parts:</b>	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC194M)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
2	1		*REAR BUMPER UNDER COVER	Serviceable	228.00 FL	*- FL
3	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
4	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 F
5	1		*REVERSE SENSOR	Serviceable	135.70 F	*- F
					<b>Sub Total (S\$)</b>	<b>988.70 603.00</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>160.60 110.60</b>
					<b>Total Parts (S\$)</b>	<b>828.10 492.40</b>

F=Franchise part. L=ListItemDisc.

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	11.00
Sub Total (\$\$)			10.00	11.00

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	280.00	200.00
2	SPRAY PAINTING	New	250.00	200.00
3	R/I REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (\$\$)			650.00	430.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;