

22/03/2002

ASS. REC. BY:

REF: CS/SMD19009594/ Klv03n2

Special Instruction:

Survey: Kalun

**ASSIGNMENT (Office)**

From (Person): Gnoh Pau Loong

of SMD

Date/Time: 30.5.19 12.15 p.m.

Estimated Cost:

Bill to:

GD-TP-WS-TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SHC 8594P

Insured:

GBH 35085

at Workshop m/s ComfoAdigro

Tel:

62148314

of 59 Loyang Ave

Policy No: DKIMTPCV001174

Claim No:

CMTD1902596

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28.5.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 30.5.19

Person Contacted:

Liat chon

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate (✓)
	SHC 8594P - CC4 / LP (18003330 / K1A3n2	D.O.A. - 18/6/2018
	GBH 35085 - X	
31/5/19	Send preli revised via merimen	

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

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

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

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

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

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

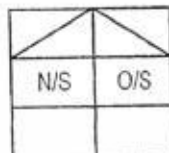
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: \_\_\_\_\_

SHC 8594P

Regn: \_\_\_\_\_

28 May 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / T<sub>3</sub> / Prime Mover /

Truck / Trailer or

Make: \_\_\_\_\_

Hunder 240

C.C

168

Colour: \_\_\_\_\_

Blue

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

541859

T/Radio: \_\_\_\_\_

Insured / Std / NI / NA

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

C/No: \_\_\_\_\_

1CMHLB414AF40 69300

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

205 / 60 R16

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

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

TOYO / YOKO or

West 46

Front

Rear

R/Bal. \_\_\_\_\_

7

mm

R/Bal. \_\_\_\_\_

7

mm

L/Bal. \_\_\_\_\_

7

mm

L/Bal. \_\_\_\_\_

7

mm

D.O.A. \_\_\_\_\_

28/5/19

D.O.I. \_\_\_\_\_

30/5/19

Survey held at \_\_\_\_\_

CPHE (Loyang)

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

1/5 Front

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

Date / Time

Action / Instruction

31/5/19

Check R/P & 600/2 by (Ref 1063.44, 6490) CNo LS) SMO  
4s

RECEIVED 31 MAY 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 31/5- typist

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: \_\_\_\_\_

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_ S + RS, \_\_\_\_ SI

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format: \_\_\_\_\_

men, men

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

600/2

250

10

260

**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

To: Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place  
#05-01/06, Singapore Land Tower  
Singapore 048623

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: GNOH PAU LOONG

Date: 31 May 2019

**Preliminary Advice**

Insured Vehicle No	: GBH3508S	Accident Date	: 28/05/2019
TP Vehicle No	: SHC8594P	Assignment Date	: 30/05/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2
Date of Inspection	: 30/5/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages n/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,663.44
Revised Amount	:S\$	600.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	600.00

Lump Sum Repair	:S\$	
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**Total Loss Consideration**

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

**Remarks**

( ) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.

( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

( X ) Other comments :The above survey was conducted on a 'Without Prejudice' basis.

...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		30 May 2019 12:15 Assign				<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			[Created by insurer]
Insured:	<b>ASSAB STEELS SINGAPORE (PTE) LTD</b> , Co. Reg. No.: 197301695R		
Main Claimant:	<b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	<b>SHC8594P</b>	Date of Loss:	28/05/2019 11:00 - :59
Claim Type:	<b>TP / CMTD1902596</b>	Policy/Cover Note No.:	D19MTPCVE001174 (Comprehensive)
Vehicle Reg. No. (Insured):	<b>GBH3508S</b>	Policy No. (Claimant):	
		Excess:	
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	<b>Sompo Insurance Singapore Pte. Ltd. (HQ)</b> - Tel: 6461 6555 ... [Handled by <b>GNOH PAU LOONG</b> - 63295217]		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... <b>[Final Rpt due 11/06/2019]</b>		
Adj Asg. Remarks:	WS: CHIANG LIAT CHOON 62148314 -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT		

ASSOCIATED MAIL RECEIVED	<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
There are no mail for this case.		

ALL ASSOCIATED TASKS										<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.													

## 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 11:06
Date Of Accident	28/05/2019 11:10
Exact Location Of Accident	PENJURU CLOSE BLK 28 NEAR CANTEEN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8594P
<b>Insured/Policyholder</b>	
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	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	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	TAN CHOON HUAT
NRIC No	S1333697J
Date Of Birth	11/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93959848
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 868 YISHUN STREET 81 #04-93
Postcode	760868
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?	YES
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: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190528/2205 \* TYPE OF ACCIDENT :- 3P REVERSED

#### 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	GBH3508S
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

TAN CHOON HUAT

Approximate Age

Injuries Sustain

SHOULDER AND NECK

Injured person in which vehicle?

SHC8594P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

# **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. 1903C3921R

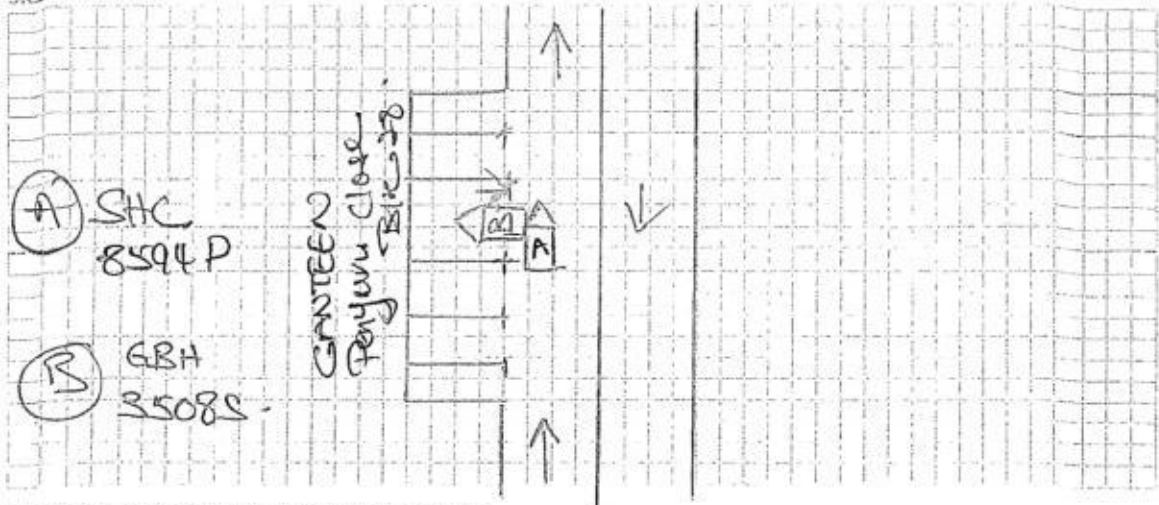
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

Report :- T/20190528/2025

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:



**SINGAPORE  
POLICE FORCE**



T/20190528/2205

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20190528/2205

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/05/2019 21:39		Vide Report No.:		Station Diary No.: 201
<b>Informant's Particulars</b>				
Name of Informant: TAN CHOON HUAT		Address: APT BLK 868 YISHUN STREET 81 #04-93 SINGAPORE 760868		
ID Type / ID No.: NRIC NO / S1333697J		Contact No.: Home/Office: Mobile: 93959848		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 11/04/1958	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2019 11:10	Type of Location: Car Park
Location: Along Road 1 PENJURU CLOSE  28 Penjuru Close, Coffeeshop, Jurong Industrial Estate				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicle - Rear to Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3508S	Lorry					0
SHC8594P	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190528/2205

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20190528/2205

## CONTINUATION OF REPORT

Driver			
Name	TAN CHOON HUAT	ID No.	S1333697J
Related Vehicle	SHC8594P (Car)	Contact No.	93959848
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	28/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 28/05/2019 at about 1110hrs, I was stationary (SHC8594P) Blk 28 Penjuru Close, in front of the coffee shop alighting a passenger near to the loading and unloading bay.

Suddenly, I noticed that one lorry (GBH3508S) which was parked in front of the coffee shop at the loading and unloading bay started to reverse. As such, I honked. The lorry stopped a while and continued to reverse. I continued to honk to alert the driver however lorry continued and hit it to my vehicle's left front side portion which caused it to dent. The driver alighted and I told the driver to report to his company and he acknowledged. At the point of time, no police or ambulance was activated.

After the accident, I felt pain on my shoulder and neck. As such, I went to see a doctor and gotten 4 days of medical certificate.



SINGAPORE  
POLICE FORCE



T/20190528/2205

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20190528/2205

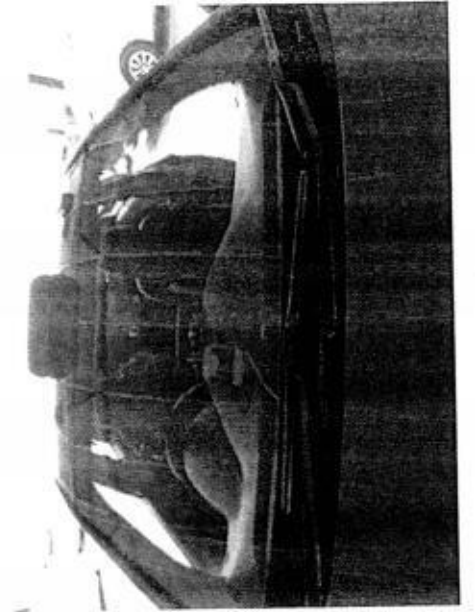
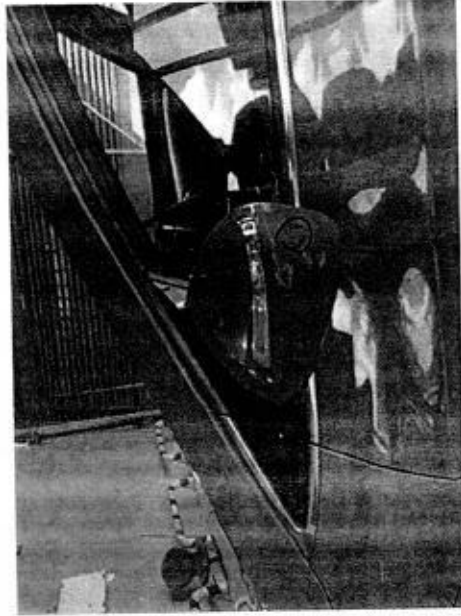
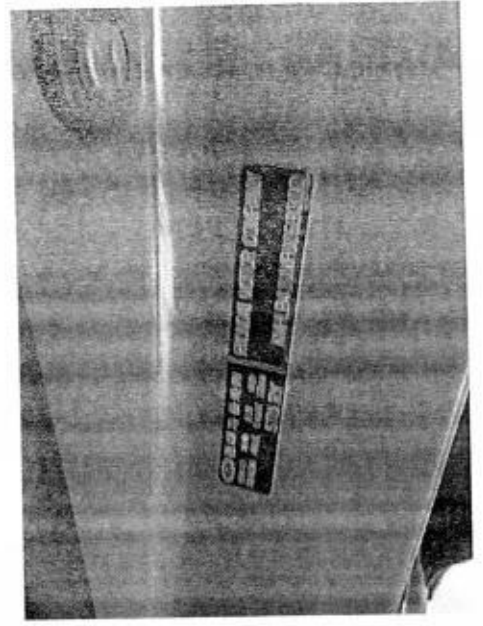
CONTINUATION OF REPORT

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: E / Sgt 2 LIM HWEE JIE, SAMUEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2019 21:39
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case: SN 061
Authentication Stamp NP168	SIGNATURE



COMFORTDELGRO

Date/Time: 29.05.2019 11:39

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305299298

CUSTOMER  
COMFORT TRANSPORTATION PTE LTD  
R/MS 7010045  
CUSTOMER NO. 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
65508755

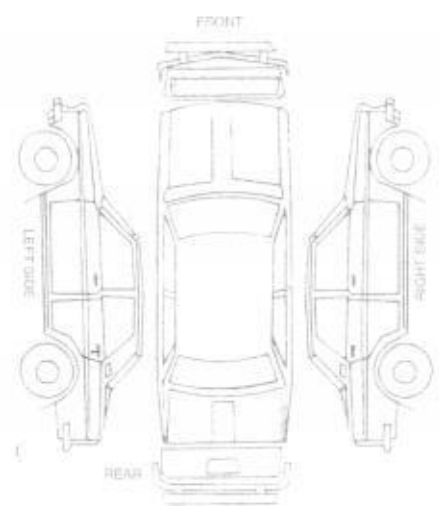
REGN NO.	SHC8594P	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 29.05.2019 10:20
YR OF MANU	28.05.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU069300	COMPLETION DATE/TIME

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 28.05.2019  
NATURE: 3P 28.05.2019

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8594P  
CHIANG

Vehicle No.: SHC8594P

Name of Service Advisor                      Signature/Date

Name of Service Advisor                      Date

returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 8594P

DATE 29/5/2019 14:50

Somp

MAKE :

Chang

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (LH) <i>x repair</i>			\$ 566.30
	Front Fender Shield (LH) <i>x su</i>			\$ 175.90
	Front Fender Retainer <i>x su</i>			\$ 24.60
	<i>Front Bumper x repair</i>			
	SUB TOTAL			\$ 766.80
	LESS 20%			\$ 153.36
	DISCOUNTED TOTAL			\$ 613.44
	Labour Charge			
	Panel Beating			\$ <del>400.00</del> <sup>200</sup>
	Spray Painting Charge			\$ <del>600.00</del> <sup>400</sup>
	Tuff Kote			\$ <del>50.00</del> <sup>m</sup>
	TOTAL LABOUR			\$ 1,050.00
	ESTIMATE TOTAL			\$ 1,663.44

*3/5/19*  
*Ka hui 1C (11C)*  
*30/5/19 1320h*  
*2 hrs*  
*4/5*  
*Atte Repair p hui*

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

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 31.05.2019

Time: 08:47:09

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305299298  
REGN NO : SHC8594P  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 28.05.2015  
DATE/TIME IN : 29.05.2019 10:20  
ACCIDENT DATE : 28.05.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	400.00

SUB-TOTAL : 600.00

TOTAL : 600.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



Our Job Ref No : 305299298  
Date : 31/05/19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC8594P

Fax :


28/05/2019


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

1. The repair job shall bill to: SOMPO GBH3508S
2. The finalized amount shall be:
- |                                           |          |
|-------------------------------------------|----------|
| (a) Spare Parts after List discount       |          |
| (b) Labour Charges                        | \$600.00 |
| Total for Part-By-Part Repair Cost        | \$600.00 |
| (c) Lumpsum Repair (if applicable)        |          |
| Total for Lumpsum repair cost after Less: |          |
| 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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kahr  
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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

# 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: CS/SMO19009594/K1VD3N2

Date: 03/06/2019

### REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D19MTPCVE001174
Claimant Vehicle No :	SHC8594P	Insured Vehicle No :	GBH3508S
Date of Loss:	28/05/2019	Nature of Claim:	TP
		Claim No:	CMTD1902596

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8594P	Engine No:	D4DFDU529927
Make & Model:	HYUNDAI I40, 1.7 D (A)	Chassis No:	KMHLB41UMFU069300
Reg. Date:	28/05/2015 (Man. Year: 2015)	Odometer:	541859 km
Colour:	Blue		
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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

### COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	613.44	0.00	613.44	100.00
Miscellaneous Items	0.00	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	
<b>Gross Total (S\$)</b>	<b>1,663.44</b>	<b>600.00</b>	<b>1,063.44</b>	<b>63.93</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>116.44</b>	<b>42.00</b>	<b>74.44</b>	<b>63.93</b>
<b>Nett Amount (S\$)</b>	<b>1,779.88</b>	<b>642.00</b>	<b>1,137.88</b>	<b>63.93</b>

### INSPECTION

Date of Assignment: 30/05/2019

Date Inspected: 30/05/2019 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

Part Source:	MRM-SG	Version:	1.0 (Last Synchronised: 03 Jun 2019)
Parts:	143		HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's		(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC8594P)		
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		*FRONT FENDER (LH)	Repair	566.30 FL	*- FL
2	1		*FRONT FENDER SHIELD (LH)	Serviceable	175.90 FL	*- FL
3	1		*FRONT FENDER RETAINER	Serviceable	24.60 FL	*- FL
4	1		*FRONT BUMPER (NPA)	Repair	0.00 FL	*- FL
F=Franchise part. L=ListItemDisc.						
Sub Total (\$\$)					766.80	0.00
- List Item Discount on L Items 20.00/20.00% (\$\$)					153.36	0.00
Total Parts (\$\$)					613.44	0.00

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	600.00	400.00
3	TUFF KOTE	New	50.00	0.00
Gross Labour Cost (S\$)			1,050.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >