

Tanji

REF:

CC3 / TM 19009821 / T1 + d3e2

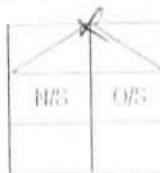
ole

ASSIGNMENT

From:   
 Estimated Cost:   
 OD: ☒ WS / TP RES / OD RES / LVA / INV / MV   
 To Inspect Vehicle No:   
 at Workshop/s:   
 of:   
 Insured:   
 Policy No: **MF000200**   
 Claim No: **MI904049**   
 Sum Insured:   
 Excess:   
 (Client's Record):   
 Make of Veh:

(Policy Condition)

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



Date of Market Value:   
 IDAC Accident Report: Consistent? Yes or No:   
 GIA / PR: Consistent? Yes or No:   
 Est. Repairs: days Res: Yes or No:   
 Lump Sum: % 3 Val: Yes or No:   
 CA / REV / REP / 24 HRS: **WP'**

Date:   
 Person Contacted:   
 Vehicle: IN / OUT: **Lim**

Veh No: **SM1786605**   
 Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ Prime Mover /   
 Truck / Trailer or   
 Make: **Hyundai I40**   
 Colour: **Yellow**   
 Sp/Reading: **502927**   
 Eng/No:   
 C/No: **KMHLB414M94092288**   
 Gen. Cond: ☒ Good / Fair / Poor / Burnt   
 Steering: ☒ Inorder / Jammed / Leaked / Burnt or   
 Brake: ☒ Inorder / Jammed / Leaked / Burnt or   
 Mod: **Nil** / SRim / STD A/Rim or   
 Tyre Size: F: **205/60R16**   
 R:   
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SMI /   
 TOYO / YOKO or **Wes/1che**   
 Front:   
 R/Ral: **6** mm   
 L/Ral: **6** mm   
 D.O.A: **3/6/19 @ 4:45pm**   
 Survey held at: **Confat byang**   
 Des. of Damages: ☒ Rear / O/S / HS / U/C / Rooftop or   
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time:   
 Action / Instruction:

**19/6/19**   
 **SHA 86605**   
 **SID 38592**   
 **92 217.84, 2days e-mail to Lim. Cred: 1153.12! 34%**   
 **cc6/1ER 1900563/Aja3 DOA: 18/1/19**

RECEIVED 19 JUN 2019

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

**19/6/19** **Typist** ☒ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / ☒ (\$ **2217.84**)

Days Of Repair: **2**

Resurvey No. of Trip:

Add Fee: ☐ Site Map (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation

☐ 3 x 100, 30

☐ Photos

☐ Others

☐

TOTAL

**250**

**11**

**261**

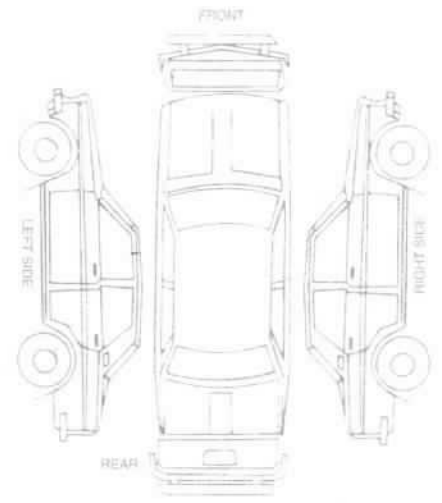
Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO: 305300440

MER	REGN NO: SHA8660S	MILEAGE
CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
7010070	MODEL: I-40	E 1/2 F
MER NO: 383 SIN MING DRIVE	YR OF MANU: 14.07.2016	DATE/TIME IN: 03.06.2019 09:30
SS: Singapore SINGAPORE 575717	CHASSIS CODE: KMHLB41UMGU092288	TARGET DATE
65551188		COMPLETION DATE/TIME
R: (O)		
P:		
JNT CARD NO:		

Accident Date: 02.06.2019  
NATURE: 3P 02.06.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA8660S LIMITS

Vehicle No.: SHA8660S

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

## 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 03/06/2019 09:39  
 Date Of Accident 02/06/2019 09:25  
 Exact Location Of Accident FLORA VALE CONDO  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8660S  
**Insured/Policyholder**  
 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 YEO HOOI CHYE  
 NRIC No S1537042D  
 Date Of Birth 28/12/1962  
 Occupation OUTDOOR  
 Date Of Driving Pass 05/03/1980  
 Driving Experience 39 YEARS AND 2 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96605081  
 Fax Number  
 Contact Number  
 Email Address DONYEO89@GMAIL.COM

Address	BLK 879 YISHUN STREET 81 #04-249
Postcode	760879
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident: 3P REVERSE

#### 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	SLD3857L
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	REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	YEO HOOI CHYE
Approximate Age	
Injuries Sustain	NECK, SHOULDER, BACK PAIN.
Injured person in which vehicle?	SHA8660S
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.
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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

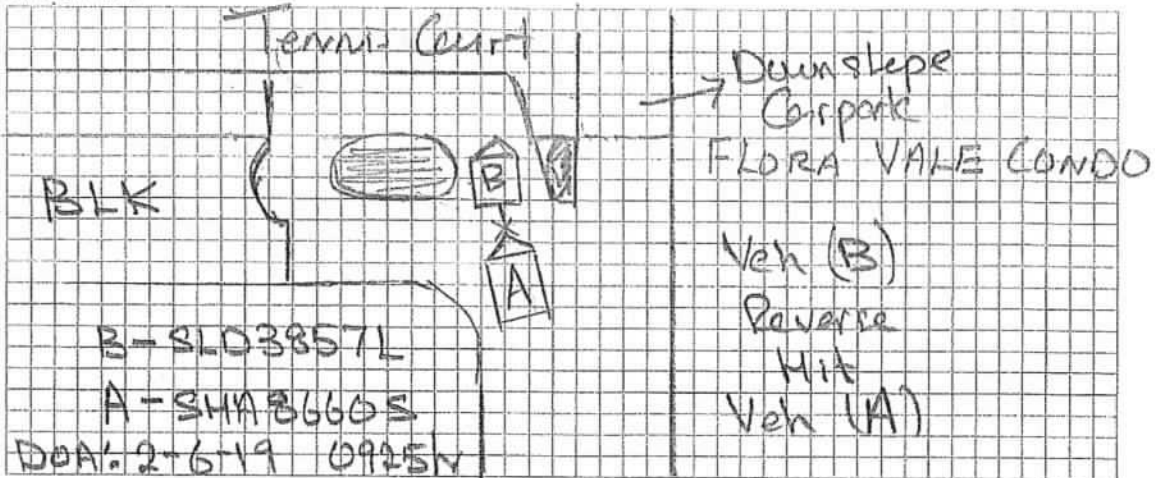
Policyholder's Signature  
Date & Time:

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

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

Fauzy

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2-6-2019 @ 0925N, I was driving along Flora Vale Condo to pick On Call Customer.

Suddenly Vehicle (B) Stop and I follow to stop. Suddenly Vehicle (B) reverse and hit my taxi (A) SHA 8660S Front portion Cause damaged.

There is Videos Footage On the Scene. Vehicle (A) driver slight injury.

DECLARATION

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

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.:

To Whom It May Concern.

I, Maaron Bin Osland NRIC NO S0072142E  
reversed and hit taxi SH48660S. ~~He~~ I received  
back the fifty dollar and both agreed to  
put up a claim for the damage to the  
company.



Maaron Bin Osland.

0072142E  
2nd June 2019 86707952  
1330pm  
(SLO 3857L)

I Yeo Hooi Chye NRIC NO: 1537042D.  
had returned the fifty dollar to Maaron  
Bin Osland.

  
2nd June 2019



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 03.06.2019

Time: 11:47:29

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305300440

REGN NO : SHA8660S

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 14.07.2016

DATE/TIME IN : 03.06.2019 09:30

ACCIDENT DATE : 02.06.2019

LKK - Calvin

Tyre 205/60R16  
Westlake

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A	FRONT BUMPER	1	1,052.20	20.00	841.76	de ✓
0002 04-01-0103-2164-A	RADIATOR GRILLE	1	1,110.10	20.00	888.08	cur ✓
0003 04-01-0103-2175-G	RADIATOR GRILLE EMBLEM	1	27.50	20.00	22.00	ner ✓
0004 04-01-0103-0574-A	FRONT FENDER LH	1	566.40	20.00	453.12	pt x old damage ✓
0005 FNPS	NO PLATE(S)W/TRIM COVER	1 L	55.00		55.00	cur ✓

SUB-TOTAL : 2,259.96

## JOB NATURE

0000 20-05	Frt Fender Adv.Sticker LH				100.00	x hn
0001 PB	PANEL BEATING				560.00	200
0002 SP	SPRAYPAINT CHARGE				500.00	200
0003 20-00	TUFF COAT ON AFFECTED PARTS.				40.00	x hn
0004 20-05	TP MERIMEN				10.00	-

SUB-TOTAL : 1,210.00

Toughen 97495749

3/6/19 R 445pm

02 days

part by part lump sum  
Resurf before paint  
sure lkk auto workLKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party liability on "Without Prejudice" basis
- No illegal or unapproved work allowed
- Supply of materials and services provided and is subject to approval from Insurance Company

Acknowledged, Repaired

Sig

Date

2216.84  
4/5/1750

34

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

TOK-Mar.

Date: 03.06.2019

Time: 11:47:29

Page: 2 | 2

TS

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

JOB NO : 305300440  
REGN NO : SHA8660S  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 14.07.2016  
DATE/TIME IN : 03.06.2019 09:30  
ACCIDENT DATE : 02.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

LMF

TOTAL : 3,469.96

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

**ComfortDelGro Engineering Pte Ltd** (Co.Reg.No:199506048W)  
 59 Loyang Drive  
 Singapore 508969  
 Tel: 6214 8300

**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)  
**CCPL**

Singapore

PARTICULARS OF CLAIM			
----------------------	--	--	--

<b>Claim Type:</b>	THIRD PARTY	<b>Ref. No:</b>	
<b>Policy No:</b>		<b>Date of Loss:</b>	02/06/2019
<b>Vehicle Reg. No.:</b>	SHA8660S	<b>Driveable?</b>	NO
<b>Party At Fault:</b>	UNKNOWN		
<hr/>			
<b>Make/Model:</b>	HYUNDAI I40, 1.7 D CRDI (A)	<b>Vehicle Reg. Date:</b>	14/07/2016
<b>Vehicle Colour:</b>	YELLOW	<b>Gen Condition:</b>	GOOD
<b>Engine No:</b>	D4FDGU660663	<b>Chassis No:</b>	KMHLB41UMGU092288
<b>Odometer:</b>	0 KM		
<hr/>			
<b>Paint Type:</b>			
<b>List Item Discount:</b>	20.00 %		
<b>Total Loss?</b>	NO		
<b>Est. Duration of Repair (day)</b>	2		
<hr/>			
<b>Present Location:</b>	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		
<hr/>			

COST OF CLAIMS	Amount
Parts	2,259.96
Miscellaneous Items	11.00
Labour	1,100.00
Paintwork Labour	0.00
Towing	0.00
<hr/>	
<b>Gross Total (S\$)</b>	<b>3,370.96</b>
<b>+ GST 7.00% (S\$)</b>	<b>235.97</b>
<b>Nett Amount (S\$)</b>	<b>3,606.93</b>

**This claim is handled by: LIM TIEN SIONG**

*Generated using Merimen e-Claims Internet Estimation & Adjusting System*

**REPAIR DETAILS****Reference****Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 03 Jun 2019)**Parts:** 143      HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's      (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA8660S/03/06/2019 18:28**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		*FRT BUMPER	20.00	0.00	*1,052.20 FL de
2	1		*RADIATOR GRILLE	20.00	0.00	*1,110.10 FL cia
3	1		*RADIATOR GRILLE EMBLEM	20.00	0.00	*27.50 FL nel
4	1		*FRT FENDER LH Bt	20.00	0.00	*566.40 FL old damage
5	1		*FRONT NO.PLATE W/TRIM COVER	0.00	0.00	*55.00 F cia
F=Franchise part. L=ListItemDisc.						
Sub Total (S\$)						2,811.20
- List Item Discount on L Items (S\$)						551.24
Total Parts (S\$)						2,259.96

ComfortDelGro Engineering Pte Ltd/SHA8660S/03/06/2019 18:28. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<b>Miscellaneous Items</b>			
1	1	OD/TP Case (Insurer)	11.00
<b>Sub Total (S\$)</b>			<b>11.00</b>

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	560.00 200
2	SPRAY PAINTING	New	500.00 200
3	TUFF KOTE	New	40.00 nn
<b>Gross Labour Cost (S\$)</b>			<b>1,100.00</b>

ComfortDelGro Engineering Pte Ltd/SHA8660S/03/06/2019 18:28. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.06.2019

## REPAIR ESTIMATE

Time: 14:39:18

Page: 1

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

JOB NO : 305300440  
REGN NO : SHA8660S  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 14.07.2016  
DATE/TIME IN : 03.06.2019 09:30  
ACCIDENT DATE : 02.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A	FRONT BUMPER	1	1,052.20	20.00	841.76
0002 04-01-0103-2164-A	RADIATOR GRILLE	1	1,110.10	20.00	888.08
0003 04-01-0103-2175-G	RADIATOR GRILLE EMBLEM	1	27.50	20.00	22.00
0004 FNPS	NO PLATE(S)W/TRIM COVER	1 L	55.00		55.00

SUB-TOTAL : 1,806.84

## JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 20-05	TP MERIMEN	11.00

SUB-TOTAL : 411.00

TOTAL : 2,217.84

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305300440

Date : 18/06/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIKH

Vehicle Reg No. : SHA8660S

Date of Accident : 02-Jun-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 --- SLD3857L

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,806.84

(b) Labour Charges \$411.00

**Total for Part-By-Part Repair Cost \$2,217.84**

(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 : 

Signature : \_\_\_\_\_

Name : LIM T S

Name : TAUFIKH

Tel : 62148398

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

Fax : 65468156

## 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:

\_\_\_\_\_

\_\_\_\_\_

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	03 Jun 2019 18:24 <a href="#">Sendback Est</a>	03 Jun 2019 18:28 <b>S\$3,370.96</b>	04 Jun 2019 08:52 <a href="#">Edit Adj Rpt</a>	<b>S\$2,217.84</b> <a href="#">Edit Estimates</a>	<b>S\$2,217.84</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:	CCPL, Co. Reg. No.: 199502839G								
Main Claimant:	CCPL								
Vehicle Reg. No.:	SHA8660S	Date of Loss:	02/06/2019 09:00 - :59 [34 Months and 19 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1904049	Policy/Cover Note No.:	MK000200 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLD3857L	Policy No. (Claimant):							
		Excess:	S\$1,600.00						
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 MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 14/06/2019]								
<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

SHA8660S (M1904049)  
[SLD3857L]  
TP  
CCPL  
Jun 2 2019 9:00AM  
[CCPL]  
ComfortDelGro Engineering Pte Ltd

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<b>Assessment Reports</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		<b>Thumbnail</b> <b>Print</b>
1	03/06/19 18:28	<b>Repairer Estimates</b>	1 Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		<b>Thumbnail</b> <b>Print</b>
1	04/06/19 08:51	<b>Accident Statement</b> From:SC - Reg. No: SLD3857L, Claimant: LCRF PTE LTD	1 Load HTM	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		<b>Thumbnail</b> <b>Print</b>
1	19/06/19 16:30	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
2	19/06/19 16:30	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
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24	19/06/19 16:30	<b>General View</b>	1 Load JPG	<input checked="" type="checkbox"/>
25	19/06/19 16:31	<b>Reinspection Photo</b>	1 Load JPG	<input checked="" type="checkbox"/>
26	19/06/19 16:31	<b>Reinspection Photo</b>	1 Load JPG	<input checked="" type="checkbox"/>
27	19/06/19 16:31	<b>Reinspection Photo</b>	1 Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)		<b>Thumbnail</b> <b>Print</b>
1	20/06/19 15:56	<b>LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee</b>	1 Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		<b>Thumbnail</b> <b>Print</b>
1	03/06/19 18:28	<b>E-filed GIA report</b>	Load PDF	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
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			1	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>
<div></div>
<b>Show Remarks To:</b> <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

# 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/TM19009821/T1TD3E2

Date: 26/06/2019

### REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MK000200

Claimant Vehicle No : SHA8660S

Insured Vehicle No : SLD3857L

Date of Loss: 02/06/2019

Nature of Claim: TP

Claim No: M1904049

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA8660S

Make &amp; Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4FDGU660663

Reg. Date: 14/07/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMGU092288

Colour: Yellow

Odometer: 502927 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: West Lake 6 mm

Rear Left Side: West Lake 6 mm

Front Right Side: West Lake 6 mm

Rear Right Side: West Lake 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,259.96	1,806.84	453.12	20.05
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,100.00	400.00	700.00	63.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>3,370.96</b>	<b>2,217.84</b>	<b>1,153.12</b>	<b>34.21</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>235.97</b>	<b>155.25</b>	<b>80.72</b>	<b>34.21</b>
<b>Nett Amount (S\$)</b>	<b>3,606.93</b>	<b>2,373.09</b>	<b>1,233.84</b>	<b>34.21</b>

### INSPECTION

Date of Assignment: 04/06/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 03/06/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang)  
59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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

<b>Reference</b>		
<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 25 Jun 2019)
<b>Parts:</b>	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHA8660S)	
<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		*FRT BUMPER	Deformed	1,052.20 FL	*1,052.20 FL
2	1		*RADIATOR GRILLE	Cracked	1,110.10 FL	*1,110.10 FL
3	1		*RADIATOR GRILLE EMBLEM	Necessary	27.50 FL	*27.50 FL
4	1		*FRT FENDER LH (Bent)	Old Damaged	566.40 FL	*- FL
5	1		*FRONT NO.PLATE W/TRIM COVER	Cracked	55.00 F	*55.00 F
					<b>Sub Total (S\$)</b>	<b>2,811.20</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>551.24</b>
					<b>Total Parts (S\$)</b>	<b>2,259.96</b>
						<b>1,806.84</b>

F=Franchise part. L=ListItemDisc.

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## Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	11.00	11.00
Sub Total (S\$)			11.00	11.00

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	560.00	200.00
2	SPRAY PAINTING	New	500.00	200.00
3	TUFF KOTE	New	40.00	0.00
Gross Labour Cost (S\$)			1,100.00	400.00

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&lt; END OF ESTIMATES &gt;