

ASS. REC. BY:

REF: CS/TM1 19010205/ K14d3<sup>57</sup>

Special Instruction:

Surveyor: Kalvin

**ASSIGNMENT (Office)**

From (Person): Jeffrey Tay

of

TMI

Date/Time: 10.6.19 15:03 PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 4590L

Insured:

SJA 4635J

at Workshop m/s

Comfortdelgro

Tel:

62148300

of 5910yang Drive

Policy No: MS004809

Claim No: M1904228

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

9.6.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11.6.19 4.49 PM

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

108/11/13

REF

CS/TM1/9010265/KHd3

## ASSIGNMENT

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

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

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

To Inspect 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.

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

Vehicle: IN / OUT

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

Veh No:

SHA 4590L Yr Regn: 29 Dec 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O. / Prime Mover /

Truck / Trailer or

Make: Hyundai - 240 c.c. 1600

Colour: Blue A/C: Insured Std / NI / NA

Sp. Reading: 387445 T/Radio: Insured Std / NI / NA

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

C/No: KMHLB41UAH4097708

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Hankook

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 9/6/19 D.O.I. 10/6/19

Survey held at CPHE (Loyang)

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

n/s Front

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

Date / Time	Action / Instruction
	SHA 4590L - CS/FCI 18001594 / T19d3e2 D.O.A - 25/01/2018 Tokio
	SJR 46353 - X P/P
13/6/19	General P/P 1252.76 / 2 P/P (Red: 337.60, 21%)

RECEIVED 13 JUN 2019

Date/Time, File Pass to?



Preli. Report

1) B16 Typist



Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

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

Report Format: TP

Lump Sum (L.S.): (\$ 1252.76)

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	10 Jun 2019 Sendback Est	10 Jun 2019 13:55 S\$1,184.20	10 Jun 2019 15:03 Edit Adj Rpt				<b>Pending for Survey Report</b> Cancel Case

Main

Reference

Claim Details

Documents

Show All

## CLAIM SUBFOLDER DETAILS

Insured:	GOH ENG LEE, Co. Reg. No.: S1308086J		
Main Claimant:	CTPL, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA4590L	Date of Loss:	09/06/2019 07:00 - :59 [29 Months and 11 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1904228	Policy/Cover Note No.:	MS004809 (Comprehensive) Coverage: 17/04/2019 - 16/04/2020
Vehicle Reg. No. (Insured):	SJQ4635J	Policy No. (Claimant):	
		Excess:	S\$800.00
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 Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN ] ... [Final Rpt due 19/06/2019]		

## ASSOCIATED MAIL RECEIVED

View All

Compose Case Mail

There are no mail for this case.



## ALL ASSOCIATED TASKS

View All

Search Tasks

Create New Task

Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

COMFORT DELGRO

Date: 10.06.2019 08:43

Page: 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO: 305301823

CUSTOMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

(R)

(O)

(P)

SCOUNT CARD NO.

REGN NO:

SHA4590L

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

09.06.2019 09:40

YR OF MANU

29.12.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097708

COMPLETION DATE/TIME:

## JOB DESCRIPTION

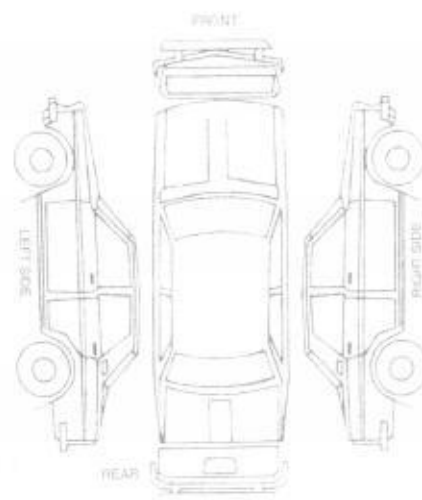
Accident Date: 09.06.2019

NATURE: 3P 09.06.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

E:

O:

le No:

SHA4590L

CHIANG

Vehicle No:

SHA4590L

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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	09/06/2019 10:34
Date Of Accident	09/06/2019 07:55
Exact Location Of Accident	EAST COAST PARK SVC RD (MACDONALDS C/PARK EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4590L
<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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	TAN AI CHUAN
NRIC No	S1755869B
Date Of Birth	01/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91895485
Fax Number	
Contact Number	
EMail Address	CHUANLENG1696@GMAIL.COM

Address	BLK 469 TAMPINES STREET 44 #08-164
Postcode	520469
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER POLICE REPORT NO: T/20190609/2039 \* TYPE OF ACCIDENT :- HIT & RUN

### 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	SJQ4635J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

UNSURE

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.

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

Policyholder's Signature  
Date & Time:

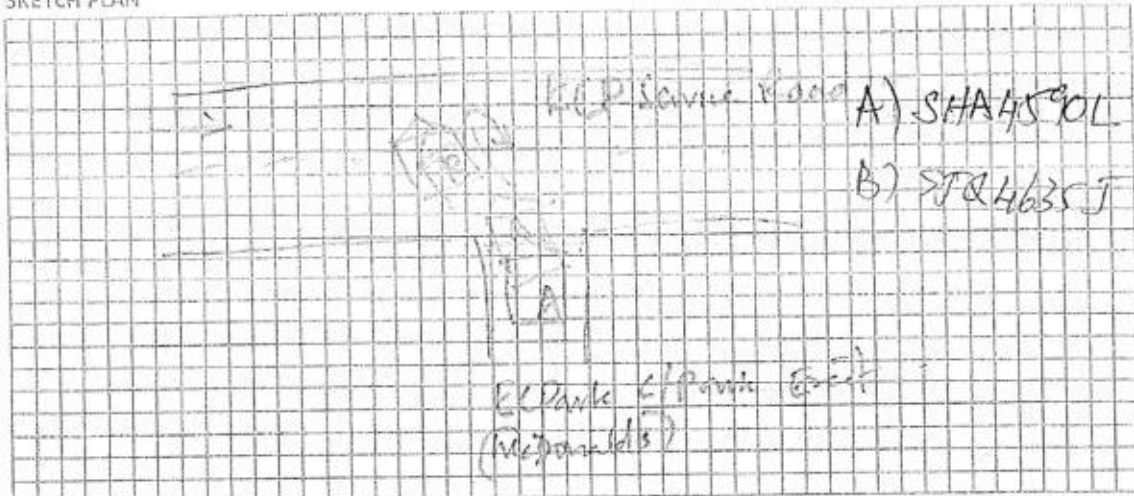
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

S.R. Moorthy  
NRC  
9/6/19



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20190609/2039

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)

Reporting Centre Personnel's Signature  
Name:

*[Signature]*  
V R Moorthy  
CSO  
9/6/19



**SINGAPORE  
POLICE FORCE**



T/20190609/2039

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20190609/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/06/2019 08:34		Vide Report No.:		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: TAN AI CHUAN			Address: APT BLK 469 TAMPINES STREET 44 #08-164 SINGAPORE 520469		
ID Type / ID No.: NRIC NO / S1755869B			Contact No.: Home/Office: Mobile: 91895485		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 01/09/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/06/2019 07:55	Type of Location: Car Park
Location: Along Road 1 EAST COAST PARK SERVICE ROAD near Macdonald carpark				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Rear of vehicle to side of vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4590L	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190609/2039

2 of 3

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No. T/20190609/2039

## CONTINUATION OF REPORT

Driver			
Name	TAN AI CHUAN	ID No.	S1755869B
Related Vehicle	SHA4590L (Car)	Contact No.	91895485
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 09/06/2019 at around 0755hrs, I was alighted a passenger at the Coffeebean area of East Coast Park Service road. At the gantry area (outside gantry) of the carpark, there was a vehicle in front of me (private car). It was also exiting the carpark. The vehicle was about to turn left. I move my vehicle forward and when the gantry barrier open, I inch out. Out of a sudden, the said mentioned vehicle, suddenly reverse from the left side and hit my vehicle on the front left side of my bumper. I horn my vehicle to alert the other driver when he was reversing his vehicle. However he seemed to have ignored my horn. The vehicle then moved forward and turn to the right before fleeing the scene exiting to Marine Parade road. There is CCTV in my taxi and my taxi company is Comfort.



SINGAPORE  
POLICE FORCE



T/20190609/2039

3 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20190609/2039

## 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:

G /

Sr Staff Sgt DZULHILMI BIN OMAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/06/2019 08:34

Officer In Charge Of Case:

TP / HRT /

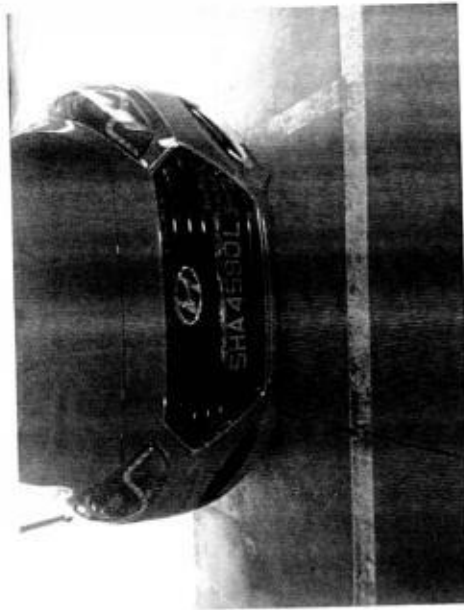
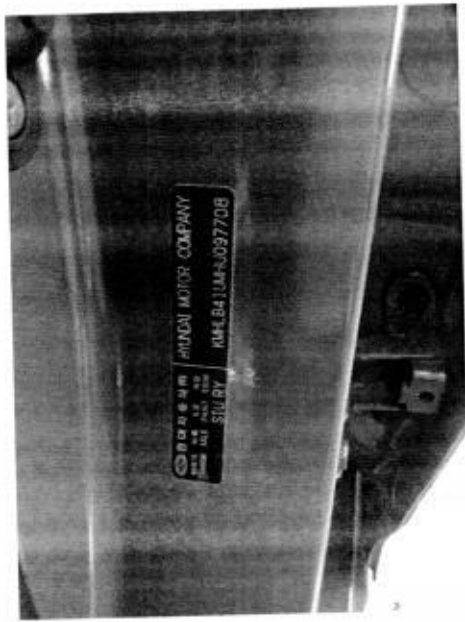
Insp GOH GEOK LYE

Contact No.: 65476148

Classification Of Case:

Authentication Stamp

NP168



### REPAIR ESTIMATE\*

MAKE :

**MODEL : HYUNDAI i40**

DATE 10/6/2019 11:27

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 1052.20
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	SUB TOTAL			\$ 591.50
	LESS 20%			\$ 118.30
	DISCOUNTED TOTAL			\$ 473.20
				879.36
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Misc fee			\$ 11
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 1,173.20
				1590.36
				2028.96
	Kalish, CLKK			
	10/6/19 1234			
	2 Drs.			
	P/P			
	Beta Part pth			

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.

## REPAIR DETAILS

### Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 10 Jun 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: ComfortDelGro Engineering Pte Ltd/SHA4590L/10/06/2019 13:55

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		*FRONT BUMPER COVER <i>Repair</i>	20.00	0.00	*544.50 FL
2	1		*FRONT BUMPER BRACKET TOP LH	20.00	0.00	*22.40 FL
3	1		*FRONT BUMPER BRACKET LH	20.00	0.00	*24.60 FL
Sub Total (S\$)						591.50
- List Item Discount on L Items (S\$)						118.30
Total Parts (S\$)						473.20

F=Franchise part, L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA4590L/10/06/2019 13:55. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

Our Job Ref No : 305301823  
Date : 12/06/19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA4590L

Fax :

09/06/19

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

Z The repair job shall bill to: TOKIO SJQ4635J

2. The finalized amount shall be:

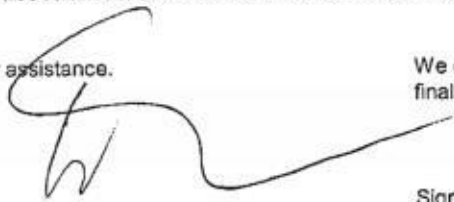
(a) Spare Parts after List discount	<u>\$841.76</u>
(b) Labour Charges	<u>\$411.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$1,252.76</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
<b>Final Lumpsum Repair cost</b>	


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 : Kahi  
Date : 13/6/19

### 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:



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 12.06.2019

Time: 16:06:33

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 : 305301823  
REGN NO : SHA4590L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.12.2016  
DATE/TIME IN : 09.06.2019 09:40  
ACCIDENT DATE : 09.06.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A I40V3 BUMPER W LIP & FOG 1 1,052.20 20.00 841.76

SUB-TOTAL : 841.76

## JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 L	MERIMEN FEE	11.00

SUB-TOTAL : 411.00

TOTAL : 1,252.76

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

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

CLAIM SUBFOLDER TRACKING							Status
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	
Main	10 Jun 2019 <a href="#">Sendback Est</a>	10 Jun 2019 13:55 <b>\$1,184.20</b>	10 Jun 2019 15:03 <a href="#">Edit Adj Rpt</a>	<b>\$1,252.76</b> <a href="#">Edit Estimates</a>	<b>\$1,252.76</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>
Supp #1	13 Jun 2019 09:49	13 Jun 2019 09:51 <b>\$841.76</b>	13 Jun 2019 09:51			(Combined)	<b>Combined with Main</b> <a href="#">Uncombine Suppl.</a>

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

Insured:	GOH ENG LEE, Co. Reg. No.: S1308086J			
Main Claimant:	CTPL, Co. Reg. No.: 199303821R			
Vehicle Reg. No.:	SHA4590L	Date of Loss:	09/06/2019 07:00 - :59 [29 Months and 11 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1904228	Policy/Cover Note No.:	MS004809 (Comprehensive) Coverage: 17/04/2019 - 16/04/2020	
Vehicle Reg. No. (Insured):	SJQ4635J	Policy No. (Claimant):		
		Excess:	\$800.00	
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 Jeffrey Tay - 65926413]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN ] ... [Final Rpt due 19/06/2019]			

[View All](#)
[Compose Case Mail](#)

### ASSOCIATED MAIL RECEIVED

There are no mail for this case.

### ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



## Claim Documents

SHA4590L (M1904228)  
[SJQ4635J]  
TP  
CTPL  
Jun 9 2019 7:00AM  
[GOH ENG LEE]  
ComfortDelGro Engineering Pte Ltd

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>		
<b>Assessment Reports</b>			1 per page		<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	10/06/19 13:55	Repairer Estimates	1	Load HTM	
2	13/06/19 09:51	Repairer Estimates Suppl. #1	i	Load HTM	
			3 per page		<input checked="" type="checkbox"/>
<b>Photos/Images</b>				Thumbnail	Print
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)			
1	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
2	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
3	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
4	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
5	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
6	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
7	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
8	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
9	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
10	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
11	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
12	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
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14	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
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17	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
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19	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
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21	12/06/19 08:51	General View Left	1	Load JPG	<input checked="" type="checkbox"/>
22	12/06/19 09:01	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
23	12/06/19 09:01	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
24	12/06/19 09:01	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
			1 per page		<input checked="" type="checkbox"/>
<b>Documentation</b>				Thumbnail	Print
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)			
1	17/06/19 14:11	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee	1	Load PDF	
				Thumbnail	Print
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)			
1	10/06/19 13:58	E-filed GIA report	1	Load PDF	

## Documents Checklist

**DOCUMENTS CHECKLIST**

Reset

Save

Print

There are no document checklists configured.

**Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)****Show Remarks To:** ☐ Repairer ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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

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/TM19010265/K1TD3S2  
Date: 17/06/2019

## REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MS004809

Claimant Vehicle No: SHA4590L

Insured Vehicle No: SJQ4635J

Date of Loss: 09/06/2019

Nature of Claim: TP Claim No: M1904228

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: **SHA4590L**  
Make & Model: HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A) Engine No: D4FDFU596825  
Reg. Date: 29/12/2016 (Man. Year: 2016) Chassis No: KMHLB41UMHU097708  
Colour: Blue Odometer: 387445 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: 205/60R16 Rear Tyre Size: 205/60R16  
Front Left Side: Hankook 7 mm Rear Left Side: Hankook 7 mm  
Front Right Side: Hankook 7 mm Rear Right Side: Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,314.96	841.76	473.20	35.99
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	700.00	400.00	300.00	42.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,025.96</b>	<b>1,252.76</b>	<b>773.20</b>	<b>38.16</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>141.81</b>	<b>87.69</b>	<b>54.12</b>	<b>38.16</b>
<b>Nett Amount (S\$)</b>	<b>2,167.77</b>	<b>1,340.45</b>	<b>827.32</b>	<b>38.16</b>

## INSPECTION

Date of Assignment: 10/06/2019 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)  
Date Inspected: 10/06/2019 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)  
Estimated Period of Repair: 2.0 days 59 Loyang Drive  
Singapore 508969

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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

## REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 17 Jun 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, no print-code for SHA4590L)

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 BUMPER COVER	Repeated	544.50 FL	*- FL
2	1		*FRONT BUMPER BRACKET TOP LH	Serviceable	22.40 FL	*- FL
3	1		*FRONT BUMPER BRACKET LH	Serviceable	24.60 FL	*- FL
<u>Supplementary #1</u>						
4	1		*FRONT BUMPER COVER	Deformed	1,052.20 FL	*1,052.20 FL
					<b>Sub Total (S\$)</b>	<b>1,643.70</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>328.74</b>
					<b>Total Parts (S\$)</b>	<b>1,314.96</b>
						<b>841.76</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)	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	400.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
Gross Labour Cost (S\$)			700.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >