

ASS. REC. BY:

REF: CS/TM1 19010357/E19d3m2 Special Instructions:

Special Instructions

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Francis M. Heli (Sgt) of TM1 Date/Time: 11.6.19 9.45 A.M.

Estimated Cost: _____ Bill to: _____

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

To inspect Vehicle No: SHD 320611 Insured: SMC 753514

nt Workshop m/s Comfort design Tel: 6214 8300

of 54 layang Dine

Policy No: MT 104707 Claim No: M 1904255

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 96-19
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 12.6.19 9.00 a.m Person Contacted: _____ Vehicle: IN/OUT

Vehicle ~~IN~~ ~~OUT~~[illegible]

Describe Circumstance of the Accident.

ON 18/03/2018 @ 0345HRS, I WAS DRIVING MY TAXI (SHB 8090 G)
TRAVELLING ALONG MIDDLE ROAD AT THE TRAFFIC LIGHT JUNCTION OF VICTORIA
STREET WITH A PASSENGER ONBOARD IN LANE 3.

I STOPPED MY TAXI AS VEHICLE B (SHC 3183 A - COMFORT TAXI) WHICH
WAS IN FRONT OF ME, STOPPED - DUE TO RED TRAFFIC LIGHT.

WHILE I WAS IN STATIONARY POSITION, SUDDENLY VEHICLE B REVERSED
ABRUPTLY - AS SUCH, THE REAR OF VEHICLE B COLLIDED ONTO THE FRONT
PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT PORTION AND
VEHICLE B HAD DAMAGES ON THE REAR PORTION.

MY PASSENGER - MR WONG WHO WAS SEATED NEXT TO ME, WILLING TO BE MY
EYE WITNESS.

NO INJURY INVOLVED.

VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.

Surveyor: KalvinREF: CS/TM119010557/K19d3

ASSIGNMENT

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.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 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: SHD 3206M Yr Regn: 30 Jun 2016

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

Truck / Trailer or

Make: Hyundai 290 C.C. 168Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 541781 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB8414A44091588

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 HankookFront 2 mm Rear 2 mmR/Bal. 2 mm L/Bal. 2 mmD.O.A. 9/6/19 D.O.I. 11/6/19Survey held at CPHE (Loyens)

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 |
|-------------|---|
| | SHD 3206M - (CS/EG117020859/K14434)2 D.O.A. - 20/10/17 <u>Tokio</u> |
| | SMC 7534 - 5 <u>P/P</u> |
| 13/6/19 | <u>Calvin P/P 1201/26/11. (Red \$755.06, 39%)</u> |
| | RECEIVED 13 JUN 2019 |

Date/Time, File Pass to?

☐

: Preli. Report

11/7/16 train☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

Report Format: MER-TPLump Sum / I.B.I. (\$) 1201

250

11

261

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

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 18:16 S\$1,956.06 | 11 Jun 2019 09:48 Assign | | | | New Assignment Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|----------------------------------|---|------------------------|--|-------------------|----------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS | | | | | | | | | |
| Insured: | LOY YING HIAN STEVEN, Co. Reg. No.: S7007743D | | | | | | | | |
| Main Claimant: | COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R | | | | | | | | |
| Vehicle Reg. No.: | SHD3206M | Date of Loss: | 09/06/2019 23:00 - :59 [35 Months and 10 Days From LTA Reg Date (Man Yr)] | | | | | | |
| Claim Type: | TP / M1904255 | Policy/Cover Note No.: | MT104707 (Comprehensive) Coverage: 20/07/2018 - 19/07/2020 | | | | | | |
| Vehicle Reg. No. (Insured): | SMC7535H | Policy No. (Claimant): | D-18088936MFSH | | | | | | |
| | | Excess: | S\$0.00 | | | | | | |
| 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 Ng Kwai Kay Francis] | | | | | | | | |
| Claimant's Insurer: | MS First Capital Insurance Ltd (HQ) - Tel: 62222311 | | | | | | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 20/06/2019] | | | | | | | | |
| Adj Asg. Remarks: | Our Insured has not reported the accident to us. | | | | | | | | |
| 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. | | | | | | | | | |

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 | 10/06/2019 13:58 |
| Date Of Accident | 09/06/2019 23:05 |
| Exact Location Of Accident | ALONG AIRPORT BLVD TOWARDS PIE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3206M |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | FLEETSAFETY@CDGTAXI.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-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 | RIDUAN BIN RAHIM |
| NRIC No | S8119990F |
| Date Of Birth | 13/07/1981 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/12/2006 |
| Driving Experience | 12 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94551307 |
| Fax Number | |
| Contact Number | |
| EMail Address | RIDUAN.RAHIM@YAHOO.COM.SG |

| | |
|---|--|
| Address | BLK 149 BEDOK RESERVOIR ROAD #10-1695 |
| Postcode | 470149 |
| 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

REFER 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 | SMC7535H |
| Vehicle Make/Model/Colour | HONDA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LOY YING HIAN STEVEN |
| NRIC/Passport Number | S7007743D |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRONT |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------|
| Name | RIDUAN BIN RAHIM |
| Approximate Age | |
| Injuries Sustain | NECK AND SHOULDER |
| Injured person in which vehicle? | SHD3206M |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

IMPORTANT NOTICE

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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 lodging 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:

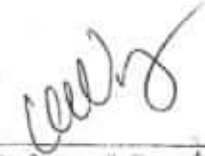
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 10 JUN 2019

SKETCH PLAN

A = SHD 3206m.

B = SMC 7535H
(HOUTA)

Diagram showing a grid with vertical lines and arrows. A vertical line is labeled 'DIE' at the top. A vertical line is labeled 'AIRPORT BLVD' at the bottom. A vertical line is labeled 'A' and 'B' in the middle. A vertical line is labeled 'DIE' at the top. A vertical line is labeled 'AIRPORT BLVD' at the bottom. A vertical line is labeled 'A' and 'B' in the middle.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

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:

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 10 JUN 2019

| |
|--|
| Describe Circumstances of the Accident. |
| On the 09/06/2019 @ 23:05hrs, I was driving along Airport Blvd towards PIE direction. |
| The front vehicle jammed brake and so I jammed brake as well, suddenly there's an impact |
| From behind my taxi. I step out to check and found a vehicle of SMC7535H front portion had |
| collided onto rear portion of my taxi. |
| |
| |
| |
| |
| |
| No passenger on board my taxi. |
| I felt slight neck and shoulder pain from the impact and given 02 days MC from UBI Family |
| Clinic & Surgery. |
| |
| |

Declaration

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

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

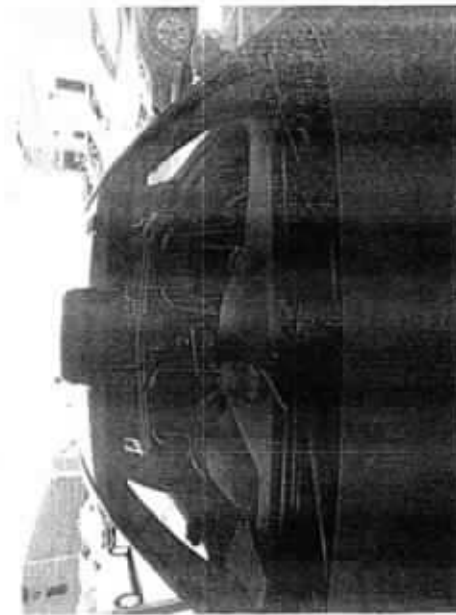
Policyholder's Signature/Date &
Time

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

10 JUN 2019



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

(FZ)

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
 COMFORT TRANSPORTATION PTE LTD

Tokio Marine.
 Remk

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 09/06/2019 |
| Vehicle Reg. No.: | SHD3206M | Driveable? | NO |
| Party At Fault: | UNKNOWN | | |
| Driver (TP): | RIDUAN BIN RAHIM | | |
| Make/Model: | HYUNDAI I40, 1.7 D CRDI (A) | Vehicle Reg. Date: | 30/06/2016 |
| Vehicle Colour: | BLUE | Gen Condition: | FAIR |
| Engine No: | D4FDGU652945 | Chassis No: | KMHLB41UMGU091588 |
| Odometer: | 0 KM | | |
| Paint Type: | | | |
| List Item Discount: | 20.00 % | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 4 | | |
| Description of Accident/Loss | REFER ATTACHED | | |
| Present Location: | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) | | |

| COST OF CLAIMS | Amount |
|---------------------|----------|
| Parts | 1,135.06 |
| Miscellaneous Items | 11.00 |
| Labour | 810.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 1,956.06 |
| + GST 7.00% (S\$) | 136.92 |
| Nett Amount (S\$) | 2,092.98 |

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 10 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/SHD3206M/10/06/2019 18:16

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 | | *REAR BUMPER <i>Perhit</i> | 20.00 | 0.00 | *553.00 FL |
| 2 | 10 | | *REAR BUMPER CLIPS <i>nee</i> | 20.00 | 0.00 | *22.00 FL |
| 3 | 1 | | *REAR BUMPER SIDE BRACKET RH <i>x su</i> | 20.00 | 0.00 | *35.60 FL |
| 4 | 1 | | *REAR BUMPER SIDE BRACKET LH <i>x su</i> | 20.00 | 0.00 | *35.60 FL |
| 5 | 1 | | *REAR BUMPER UNDER COVER <i>x su</i> | 20.00 | 0.00 | *228.00 FL |
| 6 | 1 | | *REAR BUMPER RUBBER MAT <i>ide</i> | 0 | 0.00 | *50.00 FS |
| 7 | 1 | | *REAR BUMPER ADVERTISEMENT LOGO <i>aa</i> | 0 | 0.00 | *50.00 FS |
| 8 | 1 | | *REAR FENDER ADVERTISEMENT LOGO RH <i>aa</i> | 0 | 0.00 | *100.00 FS |
| 9 | 1 | | *REAR FENDER ADVERTISEMENT LOGO LH <i>aa</i> | 0 | 0.00 | *100.00 FS |
| 10 | 1 | | *REVERSE SENSOR <i>x m</i> | 0 | 0.00 | *135.70 FS |

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$)

1,309.90

- List Item Discount on L Items (S\$)

174.84

Total Parts (S\$)

1,135.06

ComfortDelGro Engineering Pte Ltd/SHD3206M/10/06/2019 18:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

100

100

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Estimates on Miscellaneous Items

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

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|-------------------------|-------------------------------|----------|------------------------|
| <u>Labour Items</u> | | | |
| 1 | PANEL BEATING | New | 400.00 200 |
| 2 | SPRAY PAINTING CHARGE | New | 300.00 200 |
| 3 | WIRING CHARGE | New | 30.00 X 1.5 |
| 4 | REMOVE / REFIX REVERSE SENSOR | New | 80.00 30 |
| Gross Labour Cost (S\$) | | | 810.00 |

ComfortDelGro Engineering Pte Ltd/SHD3206M/10/06/2019 18:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka Lin (CIC)

11/6/19 1135L

2 by

PIP

Before Part photo



Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3928978 JC NO.: 305302041

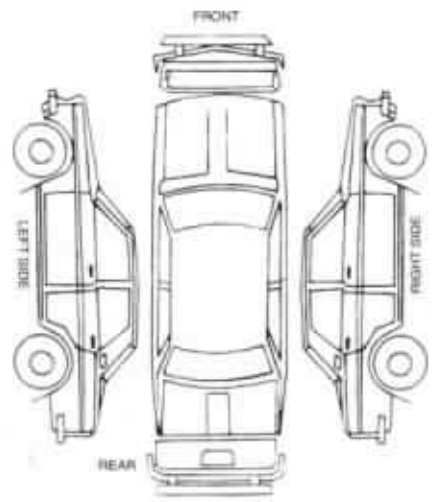
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|----------------------------------|--------------------------------|-------------------------------|
| OWNER | REGN NO.: SHD3206M | MILEAGE |
| S COMFORT TRANSPORTATION PTE LTD | MAKE : HYUNDAI | FUEL |
| OWNER NO. 7010045 | MODEL I-40 | E 1/2 F |
| ESS 383 SIN MING DRIVE | YR OF MANU. 30.06.2016 | DATE/TIME IN 10.06.2019 12:45 |
| Singapore SINGAPORE 575717 | CHASSIS CODE KMHLB41UMGU091588 | TARGET DATE |
| 65508755 (O) | | COMPLETION DATE/TIME |
| (P) | | |
| UNIT CARD NO. | | |

Accident Date: 09.06.2019
NATURE: 3P 09.06.19/B

JOB DESCRIPTION

TOKIO

S/NO LABOR CODE DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHD3206M FZ TOKIO Vehicle No.: SHD3206M

Signature/Date Name of Service Advisor Date

Returned to Service Reception upon collection To be kept by Security Guard

Our Job Ref No 305300769

Date 10 Jun 2019

FINALIZATION FORM

To : LKK

Attn : KALVIN

Vehicle Reg No : SHB3993J

Date of Accident: 3 Jun 2019

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

1. The repair job shall bill to: NTUC SHC6715X(Premier)

2. The finalized amount shall be:

(a) Spare Parts after last discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(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 :

Date :

Signature:

Name :

LARRY NG

Tel :

6214 8316

Fax :

6546 8156

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 | | | | |
| 3. Survey Fees | | | | |
| 4. LTA Search Fee | | | | |
| 5. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 12.06.2019
Time: 17:27:15
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 : 305302041
REGN NO : SHD3206M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 30.06.2016
DATE/TIME IN : 10.06.2019 12:45
ACCIDENT DATE : 09.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|---------------------------|------|--------|-------|--------|
| 0001 04-01-0103-0579-G | I40VC COVER ASSY-RR BUMPE | 1 | 553.00 | 20.00 | 442.40 |
| 0002 04-01-0101-0111-G | HYUNDAI BUMPER COVER CLIP | 10 L | 22.00 | 20.00 | 17.60 |
| 0003 04-01-0103-1150-A | I40VC PROTECTOR MAT | 1 | 50.00 | 2.00- | 50.00 |

SUB-TOTAL : 510.00

JOB NATURE

| | | |
|------------|-----------------------------------|--------|
| 0000 20-05 | REAR BUMPER ADVERTISEMENT LOGO | 50.00 |
| 0001 20-05 | REAR FENDER ADVERTISEMENT LOGO LH | 100.00 |
| 0002 20-05 | REAR FENDER ADVERTISEMENT LOGO RH | 100.00 |
| 0003 L | MERIMEN FEE | 11.00 |
| 0004 L | PANEL BEATING | 200.00 |
| 0005 L | SPRAY PAINTING CHARGE | 200.00 |
| 0006 L | REMOVE/REFIX REVERSE SENSOR | 30.00 |

SUB-TOTAL : 691.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.06.2019

REPAIR ESTIMATE

Time: 17:27:15

Page: 2

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

JOB NO : 305302041
REGN NO : SHD3206M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 30.06.2016
DATE/TIME IN : 10.06.2019 12:45
ACCIDENT DATE : 09.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,201.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**COMFORTDELGRO
ENGINEERING**

Our Job Ref No : 305302041
Date : 12.06.2019

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

FINALIZATION FORM


To : LKK
Attn : KALVIN
Vehicle Reg No : SHD3206M

Fax :
Date of Accident : 09.06.2019

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

1. The repair job shall bill to: TOKIO MARINE — SMC7535H
2. The finalized amount shall be:

| | | |
|---|---|-------------------|
| (a) Spare Parts after List discount | — | \$510.00 |
| (b) Labour Charges | — | \$691.00 |
| Total for Part-By-Part Repair Cost | — | \$1,201.00 |
| | | |
| (c.) Lumpsum Repair (if applicable) | — | — |
| Total for Lumpsum repair cost after Less: 20% | — | \$0.00 |
| Final Lumpsum Repair cost | — | \$0.00 |
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.


Signature : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : Kalvin

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:

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/TMI19010357/K1QD3N2

Date: 18/06/2019

REFERENCE

| | | | |
|-----------------------|--------------------------------------|----------------------|----------|
| Handling Insurer: | Tokio Marine Insurance Singapore Ltd | Policy No: | MT104707 |
| Claimant Vehicle No : | SHD3206M | Insured Vehicle No : | SMC7535H |
| Date of Loss: | 09/06/2019 | Nature of Claim: | TP |
| | | Claim No: | M1904255 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|------------------------------|-------------|-------------------|
| Reg No: | SHD3206M | Engine No: | D4FDEU473893 |
| Make & Model: | HYUNDAI I40, 1.7 D CRDi (A) | Chassis No: | KMHLB41UMGU091588 |
| Reg. Date: | 30/06/2016 (Man. Year: 2016) | Odometer: | 541781 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: | Fair | Steering (Serviceable): | Yes | Footbrake (Serviceable): | Yes |
| Handbrake (Serviceable): | Yes | Engine Modification: | No | Pre-accident Condition: | Average |

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 | 1,135.06 | 760.00 | 375.06 | 33.04 |
| Miscellaneous Items | 11.00 | 11.00 | 0.00 | 0.00 |
| Labour | 810.00 | 430.00 | 380.00 | 46.91 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (S\$) | 1,956.06 | 1,201.00 | 755.06 | 38.60 |
| + GST 7.00/7.00% (S\$) | 136.92 | 84.07 | 52.85 | 38.60 |
| Nett Amount (S\$) | 2,092.98 | 1,285.07 | 807.91 | 38.60 |

INSPECTION

| | | | |
|-----------------------------|------------|-------------------|---|
| Date of Assignment: | 11/06/2019 | Present Location: | ComfortDelGro Engineering Pte Ltd (Loyang) |
| Date Inspected: | 11/06/2019 | 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: SHIAU CHAN

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: 18 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: | (Unsubmitted, no print-code for SHD3206M) | |
| 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 | | *REAR BUMPER | Deformed | 553.00 FL | *553.00 FL |
| 2 | 10 | | *REAR BUMPER CLIPS | Necessary | 22.00 FL | *22.00 FL |
| 3 | 1 | | *REAR BUMPER SIDE BRACKET RH | Serviceable | 35.60 FL | *- FL |
| 4 | 1 | | *REAR BUMPER SIDE BRACKET LH | Serviceable | 35.60 FL | *- FL |
| 5 | 1 | | *REAR BUMPER UNDER COVER | Serviceable | 228.00 FL | *- FL |
| 6 | 1 | | *REAR BUMPER RUBBER MAT | Necessary | 50.00 FS | *50.00 FS |
| 7 | 1 | | *REAR BUMPER ADVERTISEMENT LOGO | Necessary | 50.00 FS | *50.00 FS |
| 8 | 1 | | *REAR FENDER ADVERTISEMENT LOGO RH | Necessary | 100.00 FS | *100.00 FS |
| 9 | 1 | | *REAR FENDER ADVERTISEMENT LOGO LH | Necessary | 100.00 FS | *100.00 FS |
| 10 | 1 | | *REVERSE SENSOR | Not Necessary | 135.70 FS | *- FS |

F=Franchise part. S=SpcNett. L=ListItemDisc.

| | | |
|--|-----------------|---------------|
| Sub Total (\$\$) | 1,309.90 | 875.00 |
| - List Item Discount on L Items 20.00/20.00% (\$\$) | 174.84 | 115.00 |
| Total Parts (\$\$) | 1,135.06 | 760.00 |

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 CHARGE | New | 300.00 | 200.00 |
| 3 | WIRING CHARGE | New | 30.00 | 0.00 |
| 4 | REMOVE / REFIX REVERSE SENSOR | New | 80.00 | 30.00 |
| Gross Labour Cost (S\$) | | | 810.00 | 430.00 |

| |
|---|
| Report was unsubmitted during this print-out. |
|---|

< END OF ESTIMATES >

