

INS. CASE OWNER:

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

8/8 to reopen case & submit w/ report to Brgs.
checked w/ swearing - ref. 5/6/19/10/19

8/8/19

1) Claim status: Normal/Reject/Private Settle
2) Report Format: WP - \$250
3) Survey fee:

CS/EGI

REF: ~~HS~~ / INC19010904 / K Hcl352

10871031

Surveyor Kolinn

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: G26109L

Policy No: _____

Claims No: MT/1052438-001

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 7347L Yr Regn: 19 Nov 2015

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

Truck / Trailer or

Make: Hyundai 2400 C.C. 1682Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 562647 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHCB 414M 4080461Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / AC orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Wet Lg - FordFront Wet Lg - FordR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 18/6/19 D.O.I. 19/6/19Survey held at CPHE (Loyang)

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

n/s B.L.

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

Date / Time Action / Instruction

no Policy found

SH 7347L - X

G26109L - CS/FL1 0203/440/UBH D.O.A. - 17/11/2008

24/6/19 Check 4584050/4 B. (Red: 4646.12; 53%)8/8/19 reopen ref only * 1st close date 18/11/19 * ↓

RECEIVED 8 JUL 2019

To reopen

case.

8/8/2019

Date/Time, File Pass to?

☐ : Prel. Report☒ : Final Report1) 917 Typist

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$

Survey Fee:

Transportation:

S - RS - SI

Photos

0

40501

Denise Tay (LKKAuto)

From: Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>
Sent: Friday, 5 July 2019 4:53 PM
To: Denise Tay (LKKAuto)
Cc: Tan Pei Wei; Roger How Keen Meng; Fauzy Bin Mokhtar; Kazali Haji Selahudin
Subject: Re: SH 7347L / TP / DOA: 18/6/2019

Dear Denise

We shall purchase your survey report upon request from Ergo.

Thank you.

Best Regards
Catherine Koh
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148733 | Fax : 62141843

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Friday, 5 July 2019 4:49 PM
To: Catherine Koh Mui Gek
Cc: Tan Pei Wei; Roger How Keen Meng; Fauzy Bin Mokhtar; Kazali Haji Selahudin
Subject: RE: SH 7347L / TP / DOA: 18/6/2019

Dear Catherine,

Please note we were not assign by ERGO for this vehicle.

Best Regards,

Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>
Sent: Friday, 5 July 2019 4:48 PM
To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Cc: Tan Pei Wei <tanpw@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>; Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>; Kazali Haji Selahudin <kazali@cdge.com.sg>
Subject: Re: SH 7347L / TP / DOA: 18/6/2019

Dear Denise

We shall forward our LOD to Ergo as per your email of 1.7.19.

Thank you.

Best Regards
Catherine Koh
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148733 | Fax : 62141843

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Friday, 5 July 2019 3:43 PM
To: Fauzy Bin Mokhtar; Roger How Keen Meng
Cc: Catherine Koh Mui Gek; Tan Pei Wei
Subject: RE: SH 7347L / TP / DOA: 18/6/2019

Dear All,

Any update?

Best Regards,
Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Monday, 1 July 2019 11:18 AM
To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>; Roger How Keen Meng <rogerhow@cdge.com.sg>
Cc: Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>; Tan Pei Wei <tanpw@cdge.com.sg>
Subject: Re: SH 7347L / TP / DOA: 18/6/2019

Dear Roger,

We receive email from LKK surveyor mention 3p was not insured with NTUC
The insured accident has been reported to Ergo insurance.

Document we receive from admin with LTA search 3p vehicle no. (GZ6109L) NTUC.

The files was finalize and summit to Katherine.

Please advise.

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Monday, 1 July 2019 10:33 AM

To: Fauzy Bin Mokhtar
Subject: SH 7347L / TP / DOA: 18/6/2019

Dear Fauzy,

According to NTUC
TP that it is not insured with them.
The accident has been reported to Ergo insurance.

Please advise.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Friday, 28 June 2019 7:00 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER
Attachments: LTA SEARCH.pdf

Hi Dennis

TP that it is not insured with us.
The accident has been reported to Ergo insurance.

With Regards

Azlin Rani
Senior Administrator, Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you

From: Denise Tay (LKKAUTO) [<mailto:denisetay@lkkauto.com>]
Sent: Wednesday, 26 June 2019 10:00 AM
To: MTCL@income.com.sg
Subject: RE: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Enclosed LTA search of GZ 6109L

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: MTCL@income.com.sg <mtcl@income.com.sg>
Sent: Tuesday, 25 June 2019 5:52 PM
To: Denise Tay (LKKAUTO) <denisetay@lkkauto.com>
Subject: FW: REQUEST CLAIM NUMBER

Hi

All claim created.

Insurance Particulars Enquiry By Agents Detail

<https://vri.lta.gov.sg/lta/vri/action/insPartDetailByAA?FUNCTION...>

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GZ6109L	18 Jun 2019 / 10:20:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SH 7367L

Date/Time: 19.06.2019 11:00

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3931314

JC NO.: 305304488

OWNER

AS COMFORT TRANSPORTATION PTE LTD

OWNER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO.:

SH 7347L

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

18.06.2019 15:20

YR OF MANU.

19.11.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU080461

COMPLETION DATE/TIME

JOB DESCRIPTION

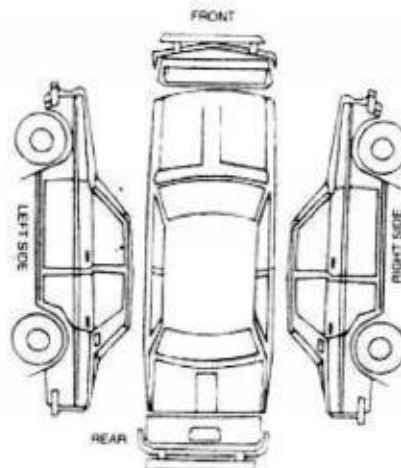
Accident Date: 18.06.2019

NATURE: 3P 18.06.19/B-

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vidgement Slip

Exit Pass

No.: SH 7347L

FZ NTUC

Vehicle No.:

SH 7347L

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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	18/06/2019 16:40
Date Of Accident	18/06/2019 10:20
Exact Location Of Accident	ALONG LORONG H TELOK KURAU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7347L
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	KWA HOW THEIN
NRIC No	S1623568G
Date Of Birth	10/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91884328

Fax Number

Contact Number

EMail Address ARTHURKWA888@GMAIL.COM

Address	BLK 112 COMMONWEALTH CRESCENT #08-314
Postcode	140112
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	SIDE SWIPE
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	GZ6109L
Vehicle Make/Model/Colour	TOYOTA VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MIAH SUZON
NRIC/Passport Number	G2036539R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KWA HOW THEIN
Approximate Age	
Injuries Sustain	HAND AND SHOULDER
Injured person in which vehicle?	SH7347L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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: 18.06.2019 @ 16:00HRS

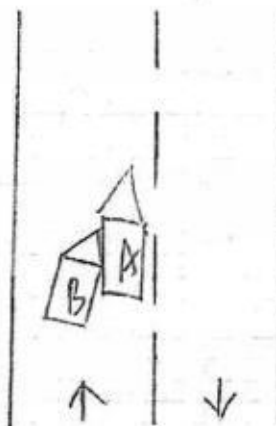
Olivia Wendy


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 18 JUN 2019

SKETCH PLAN

THE AMARA
QT 497A
LGS W TELOR
KURAU

A - SH 7347L
B - GZ 6109L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling straight Veh(B) suddenly cut in to my lane from my left and hit onto my Taxi A - vehicle left portion.

I had company video and photo of scene to support my claims

I felt pain in my hand and shoulders after accident will consult a doctor later on.

Veh B (GZ 6109L) - Mr.Miah Suzon.

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:

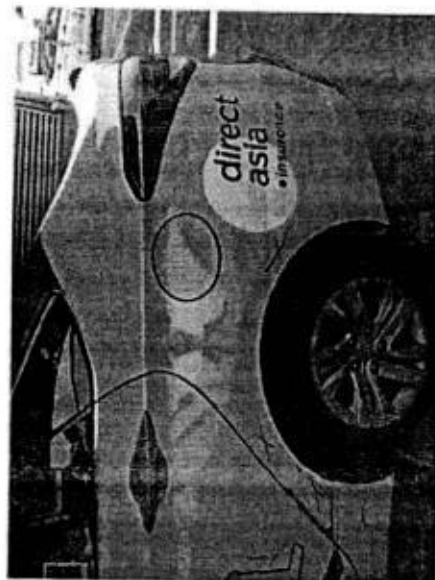
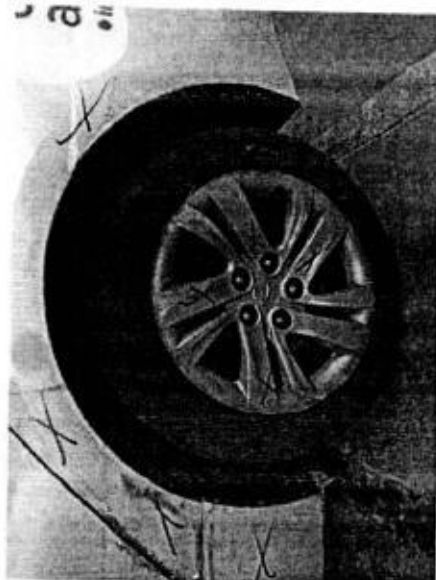
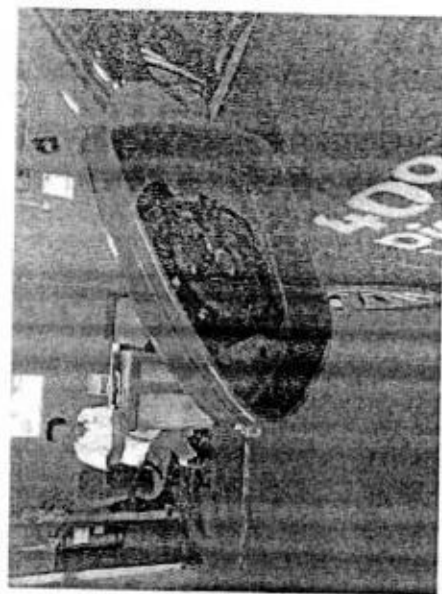
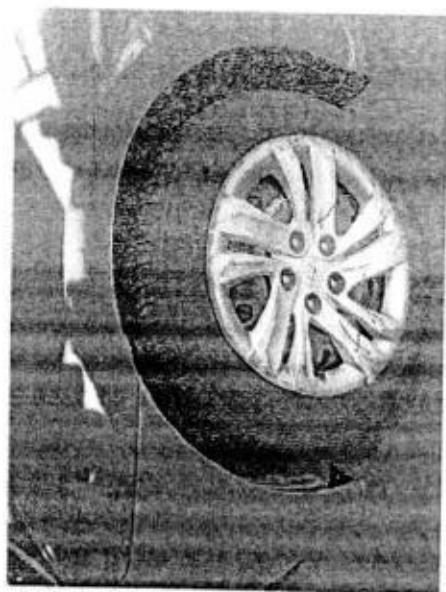
Driver's Signature
(If driver is not the policyholder)

Date & Time: 18.06.2019 @ 16:00HRS NRIC/FIN No.:

Olivia Wendy

Reporting Centre Personnel's Signature
Name:

Name: _____
NRIC/FIN No.: _____ 18 JUN 2019



REPAIR ESTIMATE*

DATE 19/6/2019 9:11

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (LH) x repair			\$ 2,201.10
	Front Door (LH) - Bolt			\$ 2,256.40
	Front Door Gear / Regulator (LH) x sm			\$ 250.60
	Front Door Mirror Assy (LH) - Rite			\$ 670.00
	Front Door Power Motor, LH x r			\$ 172.70
	Rocker Panel Outer Garnish (LH) - m			\$ 341.40
	Rear Wheel Hub-Cap (LH) - Road			\$ 107.10
	Front Wheel Hub Cap, LH - Road			\$ 107.10
	Front LH Fender x repair			
	Rear Bumper x repair			
	SUB TOTAL			\$ 6,106.40
	LESS 20%			\$ 1,221.28
	DISCOUNTED TOTAL			\$ 4,885.12
	Rear Bumper Advertisement Logo - m			\$ 50.00
	Rear Bumper Rubber Mat x m			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) - m		\$ 100.00	\$ 200.00
	Rear Door Advertisement Logo (LH) - m			\$ 100.00
	Rear Door Comfortdelgro & Apps Sticker (LH) - m			\$ 80.00
	Front Door Coloured Comfort Logo (LH) - m			\$ 75.00
	Front Door Advertisement Logo (LH) - m			\$ 100.00
	Rear Tyre (LH) x r			\$ 216.00
	Front Fender Advertisement Logo(LH) - m			\$ 100.00
				\$ 971.00
	Labour Charge			
	Panel Beating-Repair Rear LH Fender			\$ 850.00
	Spray Painting Charge			\$ 1,500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 60.00
	Transfer of Door			\$ 160.00
	Four Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 2,840.00
	ESTIMATE TOTAL			\$ 8,696.12

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

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305304488

Date : 24.06.2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7347L

Date of Accident : 18.06.2019

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

1. The repair job shall bill to: NTUC — GZ 6109L
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$0.00
Total for Part-By-Part Repair Cost	\$0.00
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$4,050.00
Final Lumpsum Repair cost	\$4,050.00

3. Estimated normal period for repairs: 4 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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : K. L. H.

Date : 24/6/19

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

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
ERGO INSURANCE PTE LTD		Ref : CS/EG19010904/K1a3s2		
5 TEMASEK BOULEVARD #04-05 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 08-08-2019		
		Code : EGI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GZ 6109L	Veh. Inspected	SH 7347L	
Policy No.		Coverage (\$)	0.00	
Claim No.	CDMCG19001137	Excess (\$)	0.00	
Assign From		Assign Date	19/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU080461	Colour	BLUE	
Odometer	562647	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60R16	WEST LAKE	7 mm	
L/H Front Tyre	205/60R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/06/2019	Inspection Date	19/06/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7347L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR (LH)	TO REPAIR SEE LABOUR	2,201.10	-
1	FRONT DOOR (LH)	BUCKLED	2,256.40	2,256.40
1	FRONT DOOR GEAR/REGULATOR (LH)	SERVICEABLE	250.60	-
1	FRONT DOOR MIRROR ASSY (LH)	BROKEN	670.00	670.00
1	FRONT DOOR POWER MOTOR,LH	SERVICEABLE	172.70	-
1	ROCKER PANEL OUTER GARNISH (LH)	CRACKED	341.40	341.40
1	REAR WHEEL HUP-CAP (LH)	GRAZED	107.10	107.10
1	FRONT WHEEL HUB CAP,LH	GRAZED	107.10	107.10
1	FRONT LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,221.28	-696.40
			4,885.12	2,785.60
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	REAR TYRE (LH)(SN)	SERVICEABLE	216.00	-
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			971.00	705.00
LABOUR				
	PANEL BEATING.REPAIR REAR LH FENDER.INCLUSIVE OF THE REPAIR OF REAR DOOR (LH),FRONT LH FENDER AND REAR BUMPER.		850.00	600.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPRAY PAINTING CHARGE.	NOT NECESSARY	1,500.00	1,000.00
	WIRING CHARGE.		50.00	-
	TUFF KOTE.		100.00	50.00
	TOWING CHARGE.		60.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	160.00	50.00
	FOUR WHEEL ALIGNMENT.		120.00	-
			2,840.00	1,700.00
GRAND TOTAL			8,696.12	5,190.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				4,050.00

Report Ref No. CS/EGI19010904/K1a3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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