

ASS. REC. BY:

REF: CS/TMI19011017/Klad3ⁿ²

Special Instruction:

Surveyor: KalvinASSIGNMENT (Office)From (Person): Murulhaidaof TMIDate/Time: 21.6.19 16.34p.m

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHC 8796ZInsured: SLG 2935Kat Workshop m/s CombitdelgroTel: 614 8300of 59 Iyong DrivePolicy No: MK000200Claim No: M1904624

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20.6.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 21.6.19 4.48p.m

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 8796Z - NA/11114023114/13 DOA - 12/12/2014
	SLG 2935K - X

(08/11/13)

Surveyor: Kolvin

REF:

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SHC 87967

Yr Regn:

7 Jan 2016

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

Truck / Trailer or

Make:

Hyundai Zvo

c.c.

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

510909

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH18414MG4083226

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60 R16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

20/6/19

D.O.I.

21/6/19

Survey held at

CPGE (Loyang)

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

1/5 B.H.

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

Date / Time	Action / Instruction
24/6/19	Chk 45 \$1500 / 2 hrs. CRD @ 76 (5.52, 84%) Tokio 4s

RECEIVED 25 JUN 2019

Date/Time, File Pass to?

☐

: Prel. Report

1) 25/6 turnst

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Other (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

250

11

261

Report Format:

MER-TP

1500

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Jun 2019 Sendback Est	21 Jun 2019 15:32 S\$9,115.52	21 Jun 2019 16:34 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	LCRF PTE LTD, Co. Reg. No.: 201624597K								
Main Claimant:	CTPL, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHC8796Z	Date of Loss:	20/06/2019 00:00 - :59 [41 Months and 13 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1904624	Policy/Cover Note No.:	MK000200 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLG2935K	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 Nurulhaida Binte Mohd Seain]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 02/07/2019]								
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.									

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	21/06/2019 13:44
Date Of Accident	20/06/2019 21:25
Exact Location Of Accident	ALONG HANDY RD OUTSIDE PLAZA SINGAPURA TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8796Z
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	ONG CHENG HAI
NRIC No	S1776737B
Date Of Birth	12/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	08/05/1993
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96621261
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 682 HOUGANG AVENUE 4 #03-358
Postcode	530682
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?	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?	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	SLG2935K
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAIRUDDIN BIN MOHD ALI
NRIC/Passport Number	S7430606C
Contact Number	83223909
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
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.

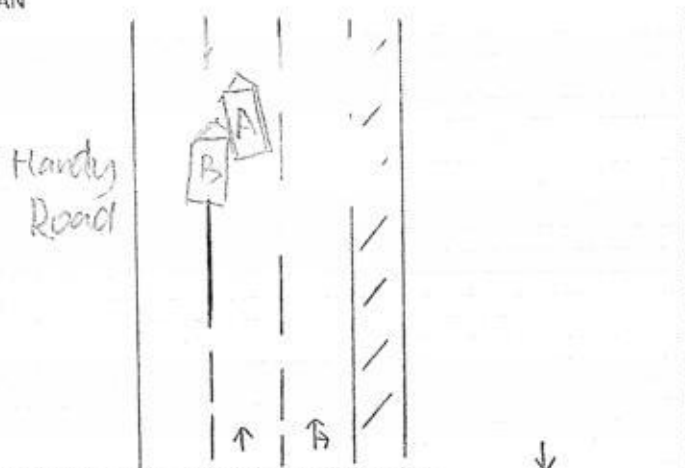
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke Wei Yieng**
NRIC/FIN No.:

SKETCH PLAN



Along Plaza Singapura Taxi Stand Drive Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.06.2019 at about 21:25 hours I was travelling along Plaza Singapura Taxi Stand Drive
way with no passenger onboard .
While travelling straight , suddenly veh B (SLG 2935K) cut into my lane and collided into
my taxi A - Left Portion .
As it took place too fast I could not take evasive action to prevent the accident .
No injury in this accident .
I have company and photos at scene to support my claims .
Veh B (SLG 2935K) - Mr Hairuddin Bin Mohd Ali I/C : S 7430606C H/P: 8322 3909

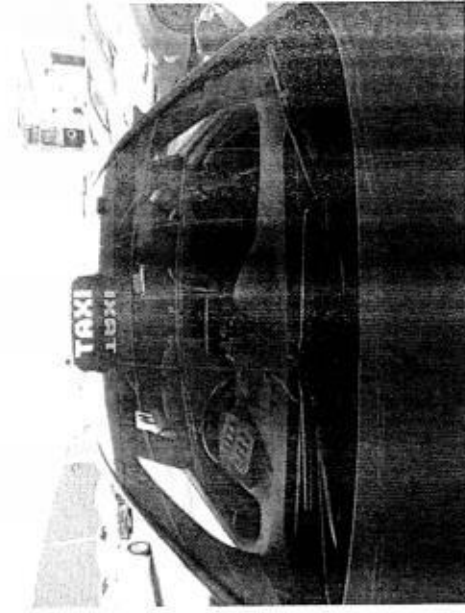
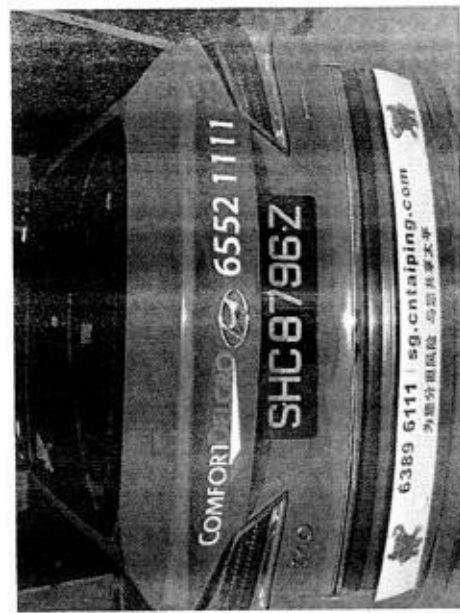
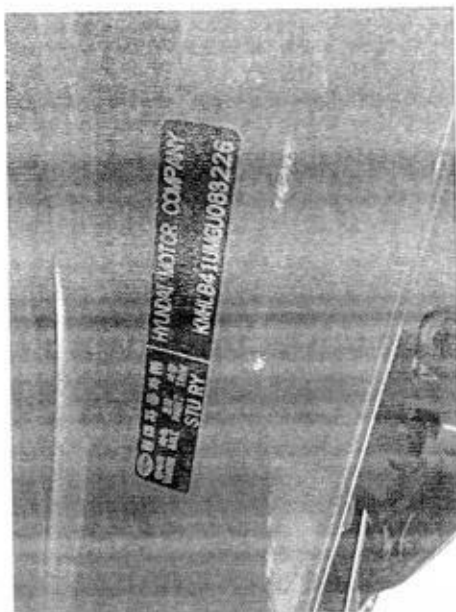
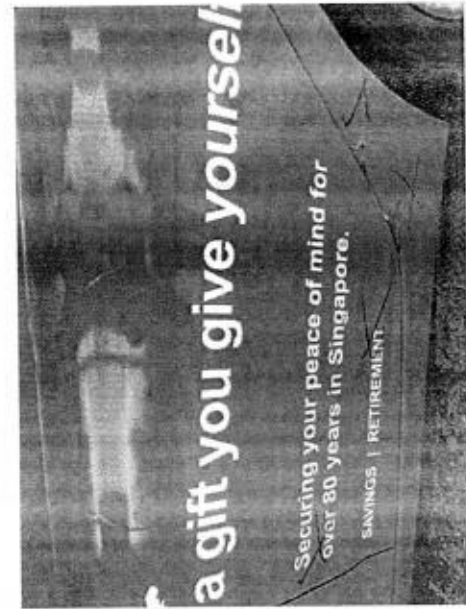
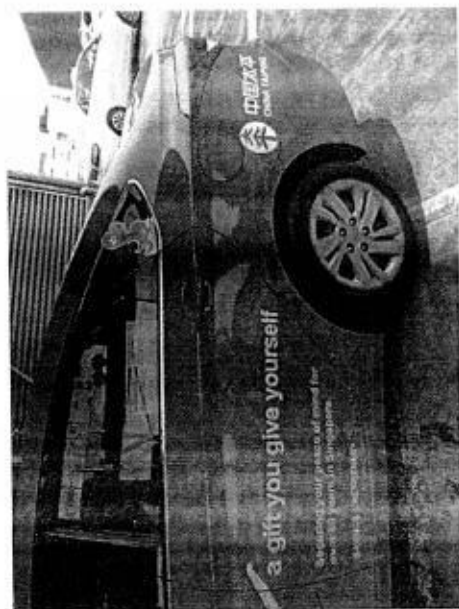
DECLARATION

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: Loke Wei Yieng



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8796Z

DATE : 21.06.2019

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (LH) <i>x repair</i>			\$ 2,201.10	
	Rocker Panel Outer Garnish (LH) <i>x repair</i>			\$ 341.40	
	Rear Tyre Rim (LH) <i>x 500</i>			\$ 325.30	
	Rear Wheel Hub-Cap (LH) <i>hand</i>			\$ 107.10	
	<i>Front Door (LH) x repair</i>				
	<i>Rear Bumper x repair</i>				
	<i>Rear Fender (LH) x repair</i>				
	SUB TOTAL			\$ 2,974.90	
	LESS 20%			\$ 594.98	
	DISCOUNTED TOTAL			\$ 2,379.92	
	Rear Bumper Advertisement Logo <i>— net</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat <i>x</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>— net</i>		\$ 100.00	\$ 200.00	Nett
	Rear Windscreen Sealant <i>x</i>			\$ 46.00	Nett
	Rear Door Advertisement Logo (LH) <i>— net</i>			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>— net</i>			\$ 80.00	Nett
	Front Door Comfort Logo (LH) <i>— net</i>			\$ 75.00	Nett
	Front Door Advertisement Logo (LH) <i>— net</i>			\$ 100.00	Nett
				\$ 701.00	
	Labour Charge				
	Panel Beating-Repair Rear LH Fender			\$ 650.00 <i>400</i>	
	Spray Painting Charge			\$ 1,000.00 <i>800</i>	
	Wiring Charge			\$ 50.00 <i>x</i>	
	Tuff Kote			\$ 100.00 <i>x</i>	
	Remove/Refix Reverse Sensor			\$ 120.00 <i>x</i>	
	Transfer of Door			\$ 120.00 <i>x</i>	
	Rear Wheel Alignment			\$ 120.00 <i>x</i>	
	<i>Merimen fee</i>			\$ 11.00	
	TOTAL LABOUR			\$ 2,160.00	
	ESTIMATE TOTAL			\$ 5,240.92	
<p><i>Kahar 10/04</i></p> <p><i>M 21/6/19 1515L</i></p> <p><i>30p</i></p> <p><i>45</i></p> <p><i>Alka Repair photo</i></p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged parts during resurvey Parts price and sub-job confirmation Third party survey is on a "Without Prejudice" basis No illegal (unfair) discounts allowed Supplier's items must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p>					
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.					

COMFORT DELGRO

Date/Time: 21.06.2019 14:52 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305305333

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

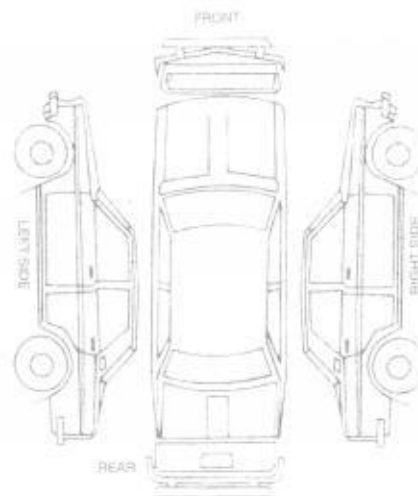
JUNT CARD NO.

REGN NO.	SHC8796Z	MILEAGE
MAKE	HYUNDAI	FUEL E 1/2 F
MODEL	I-40	DATE/TIME IN 21.06.2019 11:35
YR OF MANU.	07.01.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU083226	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 20.06.2019
NATURE: 3P 20.06.19/C

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC8796Z JU TOKIO

Vehicle No.: SHC8796Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	20/06/2019
Vehicle Reg. No.:	SHC8796Z	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	07/01/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU564038	Chassis No:	KMHLB41UMGU083226
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	6,944.52
Miscellaneous Items	11.00
Labour	2,160.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	9,115.52
+ GST 7.00% (S\$)	638.09
Nett Amount (S\$)	9,753.61

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 21 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/SHC8796Z/21/06/2019 15:32**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 DOOR LH	20.00	0.00	*2,256.40 FLXR
2	1		*REAR DOOR LH	20.00	0.00	*2,201.10 FLXR
3	1		*ROCKER PANEL GARNISH LH	20.00	0.00	*341.40 FLXR
4	1		*REAR RIM COVER	20.00	0.00	GZA *107.10 FL ✓
5	1		*REAR TYRE RIM	20.00	0.00	*325.30 FLXMC
6	1		*REAR BUMPER ASSY	20.00	0.00	*553.00 FLXR
7	1		*REAR FENDER LH	20.00	0.00	*2,020.10 FLXR
8	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F XMM
9	1		*REAR BUMPER ADVERTISEMENT LOGO	0.00	0.00	*50.00 F REC
10	2		*REAR FENDER ADVERTISEMENT LOGO	0.00	0.00	*200.00 F REC
11	1		*REAR DOOR ADVERTISEMENT LOGO	0.00	0.00	*100.00 F REC
12	1		*FRT DOOR ADVERTISEMENT LOGO	0.00	0.00	*100.00 F REC
13	2		*REAR WINDSCREEN SEALANT	0.00	0.00	*46.00 F XMM
14	1		*REAR DOOR COMFORTDELGRO & APPS STICKER	0.00	0.00	*80.00 F REC
15	1		*FRT DOOR COMFORTDELGRO STICKER	0.00	0.00	*75.00 F REC

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	8,505.40
- List Item Discount on L Items (S\$)	1,560.88
Total Parts (S\$)	6,944.52

ComfortDelGro Engineering Pte Ltd/SHC8796Z/21/06/2019 15:32. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00 ✓

Sub Total (S\$)

11.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

400

650.00

2 SPRAYPAINT

New

800

1,000.00

3 WIRING

New

50.00 x n n

4 TUFF KOTE

New

100.00 x n n

5 REMOVE/ REFIX REVERSE SENSOR

New

120.00 x n n

6 TRANSFER DOOR PARTS

New

120.00 x n n

7 REAR WHEEL ALIGNMENT

New

120.00 x n n

Gross Labour Cost (S\$)

2,160.00

ComfortDelGro Engineering Pte Ltd/SHC8796Z/21/06/2019 15:32. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING

Our Job Ref No 305305333
Date : 24/06/2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHC8796Z

Fax :

Date of Accident : 20/06/2019

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

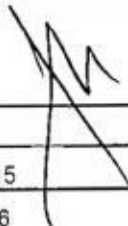
1. The repair job shall bill to: TOKIO --- SLG2935K
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges ### _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable) NI _____
 - Total for Lumpsum repair cost after Less: 20% \$1,500.00
 - 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
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 (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/TMI19011017/K1QD3N2

Date: 27/06/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000200
Claimant Vehicle No :	SHC8796Z	Insured Vehicle No :	SLG2935K
Date of Loss:	20/06/2019	Nature of Claim:	TP
		Claim No:	M1904624

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8796Z	Engine No:	D4FDFU564038
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU083226
Reg. Date:	07/01/2016 (Man. Year: 2015)	Odometer:	510909 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:	Good	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	6,944.52	690.68	6,253.84	90.05
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	2,160.00	1,200.00	960.00	44.44
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	9,115.52	1,901.68	7,213.84	79.14
Approved Total (Overridden) (S\$)		1,500.00		
(S\$)	9,115.52	1,500.00	7,615.52	83.54
+ GST 7.00/7.00% (S\$)	638.09	105.00	533.09	83.54
Nett Amount (S\$)	9,753.61	1,605.00	8,148.61	83.54

INSPECTION

Date of Assignment:	21/06/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	21/06/2019	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: 27 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 SHC8796Z)	
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	*FRT DOOR LH	Repair	2,256.40 FL	*- FL
2	1	*REAR DOOR LH	Repair	2,201.10 FL	*- FL
3	1	*ROCKER PANEL GARNISH LH	Repair	341.40 FL	*- FL
4	1	*REAR RIM COVER	Grazed	107.10 FL	*107.10 FL
5	1	*REAR TYRE RIM	Serviceable	325.30 FL	*- FL
6	1	*REAR BUMPER ASSY	Repair	553.00 FL	*- FL
7	1	*REAR FENDER LH	Repair	2,020.10 FL	*- FL
8	1	*REAR BUMPER MAT	Not Necessary	50.00 F	*- FS
9	1	*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
10	2	*REAR FENDER ADVERTISEMENT LOGO	Necessary	200.00 F	*200.00 FS
11	1	*REAR DOOR ADVERTISEMENT LOGO	Necessary	100.00 F	*100.00 FS
12	1	*FRT DOOR ADVERTISEMENT LOGO	Necessary	100.00 F	*100.00 FS
13	2	*REAR WINDSCREEN SEALANT	Not Necessary	46.00 F	*- FS
14	1	*REAR DOOR COMFORTDELGRO & APPS STICKER	Necessary	80.00 F	*80.00 FS
15	1	*FRT DOOR COMFORTDELGRO STICKER	Necessary	75.00 F	*75.00 FS

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

Sub Total (S\$)	8,505.40	712.10
- List Item Discount on L Items 20.00/20.00% (S\$)	1,560.88	21.42
Total Parts (S\$)	6,944.52	690.68

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 (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	650.00	400.00
2	SPRAYPAINT	New	1,000.00	800.00
3	WIRING	New	50.00	0.00
4	TUFF KOTE	New	100.00	0.00
5	REMOVE/ REFIX REVERSE SENSOR	New	120.00	0.00
6	TRANSFER DOOR PARTS	New	120.00	0.00
7	REAR WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (\$\$)			2,160.00	1,200.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >