

ASS. REC. BY:

REF: CS/TM219011498 / Ktd 304 Special Instruction:

Survivor: Kalun

ASSIGNMENT (Office)

From (Person): Jeffrey Tay

of TMI

Date/Time: 27.6.19 17.14 PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 7831Y

Insured:

GT 9596A

at Workshop m/s

Comfortdelgro

Tel:

of 59 Juyang Drive

Policy No: MS00849

Claim No: M1904770

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26.6.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 27.6.19 5:28 PM

Person Contacted:

Junadi

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

GT9596A : X

SHA 7831Y NS/INC 14019978/H1+bd1 D.O.A. 21/10/2014

Surney: Kelvin

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 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 78314 Yr Regn: 23 24 215Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hu L 26 C.C. 1600Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 42 6626 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMULB41UMK407YR0Gen. Cond: Good / ~~Bad~~ / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD ~~AD~~ Rim orTyre Size: F: 205/60R6

R: _____

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

TOYO / YOKO or CompumFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmL/Bal. 7 mm D.O.A. 26/6/19 D.O.I. 27/6/19Survey held at CPHE (Loyang)

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

O/S Front

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

Date / Time Action / Instruction

1/7/19 Chk 1/5 \$3600 / 3/12. (Red: 26/1.12: 42%) To Ki

45

RECEIVED 2 JUL 2019

Date/Time, File Pass to?

24 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report
☒ : Final Report
Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Scan

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Test (\$

Scan Form

D

3600

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Jun 2019 Sendback Est	27 Jun 2019 12:10 S\$6,271.12	27 Jun 2019 17:14 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	NYF MARINE SERVICES PTE LTD, Co. Reg. No.: 201219026G								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHA7831Y	Date of Loss:	26/06/2019 00:00 - :59 [47 Months and 3 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1904770	Policy/Cover Note No.:	MS000849 (TP, Fire & Theft) Coverage: 16/02/2019 - 15/02/2020						
Vehicle Reg. No. (Insured):	GT9596A	Policy No. (Claimant):							
		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 Jeffrey Tay - 65926413]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 08/07/2019]								
Adj. Ass. Remarks:	OI HAS NOT RPT THE ACCDT								
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	27/06/2019 09:57
Date Of Accident	26/06/2019 16:00
Exact Location Of Accident	MARSILING RISE IND AREA OPEN SPACE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7831Y
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	SOH AH TIONG
NRIC No	S1446686Z
Date Of Birth	23/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96828498
Fax Number	
Contact Number	
Email Address	JOALSOH06@GMAIL.COM

Address	BLK 678 WOODLANDS AVENUE 6 #11-720
Postcode	730678
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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/20190626/2169

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	GT9596A
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

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

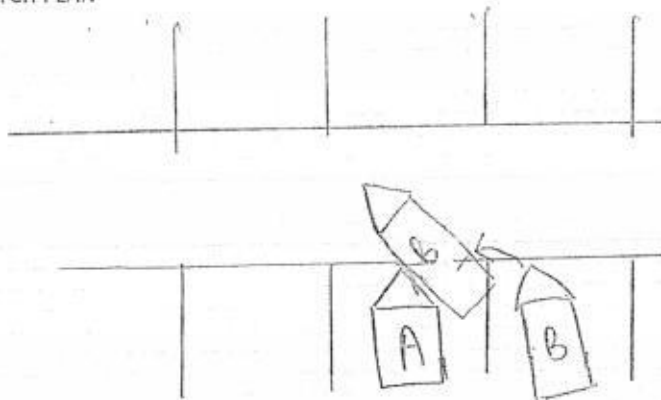
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27.06.2019@1000HRS

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

SKETCH PLAN

A - SHA 7831Y
B - GT 9596A



Along Marsiling Rise Industrial Area Open Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment:T/20190626/2169

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 27.06.2019@1000HRS

Reporting Centre Personnel's Signature
Name: Loke Wei Yieng



**SINGAPORE
POLICE FORCE**



T/20190626/2169

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20190626/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2019 21:08		Vide Report No.:		Station Diary No.: 137	
Informant's Particulars					
Name of Informant: SOH AH TIONG			Address: APT BLK 678 WOODLANDS AVENUE 6 #11-720 SINGAPORE 730678		
ID Type / ID No.: NRIC NO / S1446686Z			Contact No.: Home/Office: Mobile: 96828498		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 23/04/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: COMFORT TAXI DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/06/2019 16:00	Type of Location: Car Park
Location: Along Road 1 MARSILING RISE				
At the open carpark at the industrial area				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 10 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY9596A (Not Accurate)	Lorry			Silver	Slightly Damaged	0
SHA7831Y	Car	HYUNDAI	I40	Blue	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No



**SINGAPORE
POLICE FORCE**



T/20190626/2169

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20190626/2169

CONTINUATION OF REPORT

Driver			
Name	SOH AH TIONG	ID No.	S1446686Z
Related Vehicle	SHA7831Y (Car)	Contact No.	96828498
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/06/2019 at 1600hrs, I parked my Taxi (SHA7831Y) at the open carpark along Marsiling Rise at the industrial area. I parked my taxi at carpark number lot 51. I was still in my taxi writing my logbook. There was a silver lorry parked on my right side.

After awhile, the silver lorry started to move off and turned left. Suddenly, I felt a impact from the front right side of my taxi. I immediately pressed the horn to alert the lorry driver however the driver still drove off. I waited at the location for 15 minutes however the lorry did not come back.

I discovered damages on my taxi's front bumper as the right side of the bumper had came off.

I then reported the matter to my company and my company checked my taxi's video camera to find out the plate number of the lorry.

My company only managed found out partial registration plate number of the lorry : GY9596A.

The said lorry had made a left turn too early and hit my front right bumper.



**SINGAPORE
POLICE FORCE**



T/20190626/2169

3 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20190626/2169

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:

L /

Sgt 3 KOH YAO ZU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/06/2019 21:08

Officer In Charge Of Case:

TP / HRT /

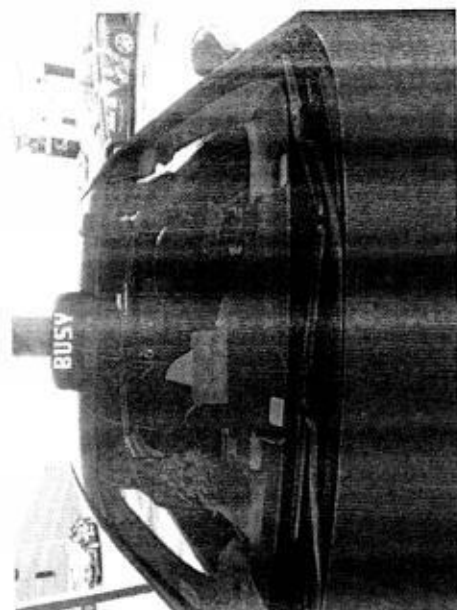
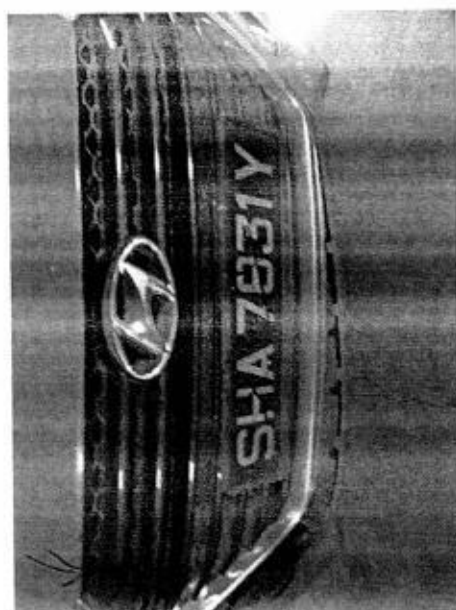
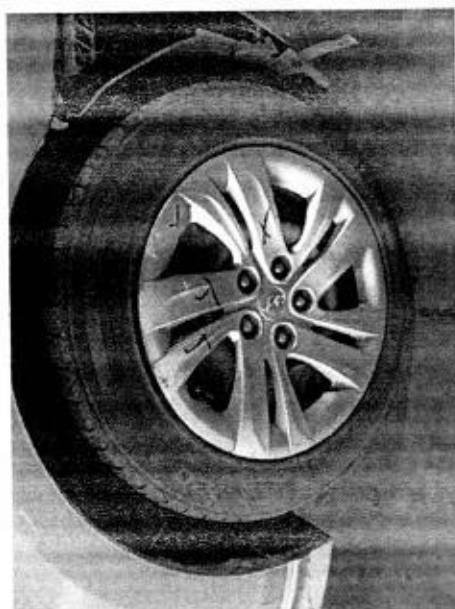
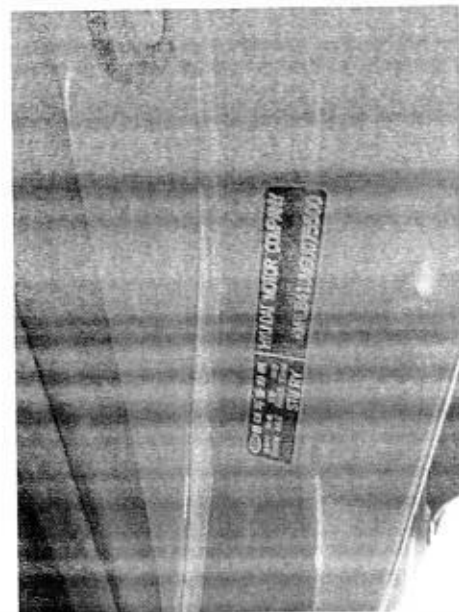
Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

Authentication Stamp

NP168



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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

Like

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/06/2019
Vehicle Reg. No.:	SHA7831Y	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	23/07/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU529921	Chassis No:	KMHLB41UMGU075500
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	4,600.12
Miscellaneous Items	11.00
Labour	1,660.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	6,271.12
+ GST 7.00% (\$\$)	438.98
Nett Amount (\$\$)	6,710.10

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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: ComfortDelGro Engineering Pte Ltd/SHA7831Y/27/06/2019 12:10
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		*RADIATOR GRILLE <i>one</i>	20.00	0.00	*1,110.10 FL
2	1		*RADIATOR GRILLE H EMBLEM <i>one</i>	20.00	0.00	*39.50 FL
3	1		*FRT BUMPER COVER <i>one</i>	20.00	0.00	*1,052.20 FL
4	1		*FRT BUMPER GRILLE RH <i>X one</i>	20.00	0.00	*41.60 FL
5	1		*FRT BUMPER BRACKET TOP RH <i>X one</i>	20.00	0.00	*22.40 FL
6	1		*FRT BUMPER BRACKET RH <i>one</i>	20.00	0.00	*24.60 FL
7	1		*HEADLAMP SUPPORT PANEL ASSY <i>one</i>	20.00	0.00	*907.40 FL
8	1		*HEADLAMP ASSY RH <i>one</i>	20.00	0.00	*1,388.00 FL
9	1		*FRT FENDER RH <i>one</i>	20.00	0.00	*663.00 FL
10	1		*FRT FENDER SHIELD RH <i>one</i>	20.00	0.00	*175.90 FL
11	1		*FRT FENDER RETAINER RH <i>X one</i>	20.00	0.00	*24.60 FL
12	1		*FRT WHEEL HUB CAP RH <i>X one</i>	20.00	0.00	*107.10 FL
13	1		*FRT NUMBER PLATE <i>X one</i>	0.00	0.00	*25.00 F
14	1		*FRT NUMBER PLATE TRIM COVER <i>X one</i>	0.00	0.00	*30.00 F
15	1		*FRT FENDER ADVERTISEMENT LOGO RH <i>one</i>	0.00	0.00	*100.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	5,711.40
- List Item Discount on L Items (S\$)	1,111.28
Total Parts (S\$)	4,600.12

ComfortDelGro Engineering Pte Ltd/SHA7831Y/27/06/2019 12:10. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

No	Qty	Particulars
----	-----	-------------

Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (\$\$)			11.00

Estimates on Labour

Estimates on Labour		Lab.Type	Amount
No	Particulars		
<u>Labour Items</u>			
1	PANEL BEATING	New	600.00 400
2	SPRAY PAINTING CHARGE	New	750.00 400
3	WIRING CHARGE	New	30.00 20
4	TUFF KOTE	New	50.00 20
5	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00 X 20
6	FRT WHEEL ALIGNMENT	New	80.00 X 20
Gross Labour Cost (S\$)			1,660.00

ComfortDelGro Engineering Pte Ltd/SHA7831Y/27/06/2019 12:10. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin (UK)

27/6/19 1250h.

3 Aug,

U/s

After Repair Lab

Let us know how you like to be notified
 We will contact you at the following:

- To receive information about our services
- To receive information about our products
- To receive information about our events
- To receive information about our offers
- To receive information about our news
- To receive information about our press releases
- To receive information about our press releases
- To receive information about our press releases

Acknowledged by: _____
 Signature: _____
 Date: _____

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JO NO: 305306712

OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO	SHA7831Y	MILEAGE
IS	7010045	MAKE	HYUNDAI	FUEL
OWNER NO.	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
LESS	Singapore SINGAPORE 575717	YR OF MANU.	23.07.2015	DATE/TIME IN
(R)	65508755	CHASSIS CODE	KMHLB41UMGU075500	27.06.2019 09:00
(P)				TARGET DATE
				COMPLETION DATE/TIME

OUNT CARD NO.

Tokio Marine

Accident Date: 26.06.2019
NATURE: 3P 26.06.2019

S/NO	LABOR CODE	DESCRIPTION
		

BOOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Vehicle No.: SHA7831Y	LKE	Signature/Date	Exit Pass	Vehicle No.: SHA7831Y
Signature/Date		Name of Service Advisor	Date	
Returned to Service Reception upon collection		To be kept by Security Guard		

**COMFORTDELGRO
ENGINEERING**

Our Job Ref No 305306712
Date : 28.06.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA7831Y CTPL

Fax :
26.06.19

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


1. The repair job shall bill to: TOKIO MARINE --- GT9596A
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)
Total for Lumpsum repair cost after Less: 20% \$3,600.00
Final Lumpsum Repair cost \$3,600.00


3. Estimated normal period for repairs: 3 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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : K. H. K.
Date : 1/7/19

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		NO		
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)

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VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/TMI19011448/K1TD3N2

Date: 03/07/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MS000849
Claimant	SHA7831Y	Insured Vehicle No :	GT9596A
Vehicle No :		Nature of Claim:	TP
Date of Loss:	26/06/2019	Claim No:	M1904770

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7831Y	Engine No:	D4DFDU529921
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU075500
Reg. Date:	23/07/2015 (Man. Year: 2015)	Odometer:	426626 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:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Champeon 7 mm	Rear Left Side:	Champeon 7 mm
Front Right Side:	Champeon 7 mm	Rear Right Side:	Champeon 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	4,600.12	3,662.64	937.48	20.38
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,660.00	840.00	820.00	49.40
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,271.12	4,513.64	1,757.48	28.02
Approved Total (Overridden) (S\$)		3,600.00		
(S\$)	6,271.12	3,600.00	2,671.12	42.59
+ GST 7.00/7.00% (S\$)	438.98	252.00	186.98	42.59
Nett Amount (S\$)	6,710.10	3,852.00	2,858.10	42.59

INSPECTION

Date of Assignment:	27/06/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	27/06/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

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: 03 Jul 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 SHA7831Y)	
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		*RADIATOR GRILLE	Cracked	1,110.10 FL	*1,110.10 FL
2	1		*RADIATOR GRILLE H EMBLEM	Necessary	39.50 FL	*39.50 FL
3	1		*FRT BUMPER COVER	Cracked	1,052.20 FL	*1,052.20 FL
4	1		*FRT BUMPER GRILLE RH	Serviceable	41.60 FL	*- FL
5	1		*FRT BUMPER BRACKET TOP RH	Serviceable	22.40 FL	*- FL
6	1		*FRT BUMPER BRACKET RH	Cracked	24.60 FL	*24.60 FL
7	1		*HEADLAMP SUPPORT PANEL ASSY	Serviceable	907.40 FL	*- FL
8	1		*HEADLAMP ASSY RH	Cracked	1,388.00 FL	*1,388.00 FL
9	1		*FRT FENDER RH	Buckled	663.00 FL	*663.00 FL
10	1		*FRT FENDER SHIELD RH	Torn	175.90 FL	*175.90 FL
11	1		*FRT FENDER RETAINER RH	Serviceable	24.60 FL	*- FL
12	1		*FRT WHEEL HUB CAP RH	Serviceable	107.10 FL	*- FL
13	1		*FRT NUMBER PLATE	Serviceable	25.00 F	*- FS
14	1		*FRT NUMBER PLATE TRIM COVER	Serviceable	30.00 F	*- FS
15	1		*FRT FENDER ADVERTISEMENT LOGO RH	Necessary	100.00 F	*100.00 FS
					Sub Total (\$\$)	5,711.40 4,553.30
					- List Item Discount on L Items 20.00/20.00% (\$\$)	1,111.28 890.66
					Total Parts (\$\$)	4,600.12 3,662.64

F=Franchise part. S=SpcNett. 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	600.00	400.00
2	SPRAY PAINTING CHARGE	New	750.00	400.00
3	WIRING CHARGE	New	30.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	0.00
6	FRT WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (S\$)			1,660.00	840.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >