

ASS. REC. BY:

REF: CS/TM1 9011818/ Blvd 372

Special Instruction:

Surveyor: Kalin

ASSIGNMENT (Office)

From (Person): Eliza No Tong Bion of TM1

Date/Time: 3.7.2014

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHA 7379L

Insured: YN 3393B

at Workshop m/s Comfortdelgro

Tel: 62148300

of 59 Loyang Div

Policy No: MX000877

Claim No: M1904914

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 26.6.2014

CA / REV / REP. / REV 24 HRS

Date/Time: 3.7.14 4:30 p.m.

Person Contacted: Jurneli

H.O.D. Endorsement:

Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 7379L - CC3/FC1 14019072/ R196R3 D.O.A. - 06/10/2014
	YN 3393B-X

Surveyor: Kolvin

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: SHA 7379L Yr Regn: 2 Apr 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / ☒ Prime Mover /

Truck / Trailer or

Make: Hyundai 240 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 66243 T/Radio: Insured / Std / NI / NA

Eng/No.: _____

C/No: KM HLB41 4A F4067837Gen. Cond: Good / Exp / Poor / BurntSteering: In order / Exp / Jammed / Leaked / Burnt orBrake: In order / Exp / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Exp / Rim orTyre Size: F: 201 60R16

R: _____

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

TOYO / YOKO or Waller

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 26/6/19 D.O.I. 3/7/11Survey held at CPHE (Loyang)

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

1/1 Pa

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

Date / Time Action / Instruction

8/7/19 Check 45 \$ 1200 / 3 Hrs. (Recd 3207.88, 7379) To K40

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 8/7 - typist

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : _____ (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Merimen
L/S 1200/2

RECEIVED 08 JUL 2019

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	03 Jul 2019 09:02 Sendback Est	03 Jul 2019 09:18 S\$4,407.88	03 Jul 2019 16:17 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHA7379L	Date of Loss:	26/06/2019 19:00 - :59 [50 Months and 24 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1904914	Policy/Cover Note No.:	MX000877 (Comprehensive) Coverage: 21/02/2019 - 20/02/2020
Vehicle Reg. No. (Insured):	YN3393B	Policy No. (Claimant):	
		Excess:	S\$3,000.00
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 Ho Teng Boon Eliza]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 12/07/2019]		

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	02/07/2019 15:36
Date Of Accident	26/06/2019 19:05
Exact Location Of Accident	MACRITCHIE VIADUCT TWDS UPP, THOMSON RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7379L
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	TEO TECK LEE
NRIC No	S1665864B
Date Of Birth	12/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1985
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83497364
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	111 #09-192 BUKIT PURMEI ROAD
Postcode	090111
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	3
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)	0

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

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3393B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GR5566Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

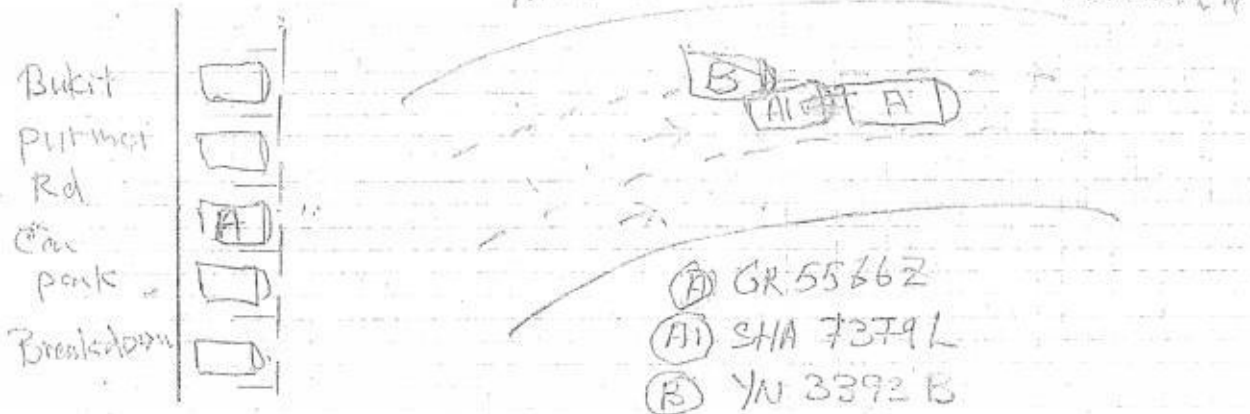
Insurance Company Name

Nature Of Damage

NO DAMAGE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/6/2019 at about 1905hrs, my taxi was over heating, then I call my company. They arrange a towing service to tow out my taxi at car park. About half an hour the tow truck man call me that my taxi was hit by vehicle B while the taxi on tow. That all

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO REG NO 199371821R

Policyholder's Signature

Driver's Signature

2/7/19

Jackson Heng
CSO

JACKSON

Reporting Centre Personnel's Signature

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.

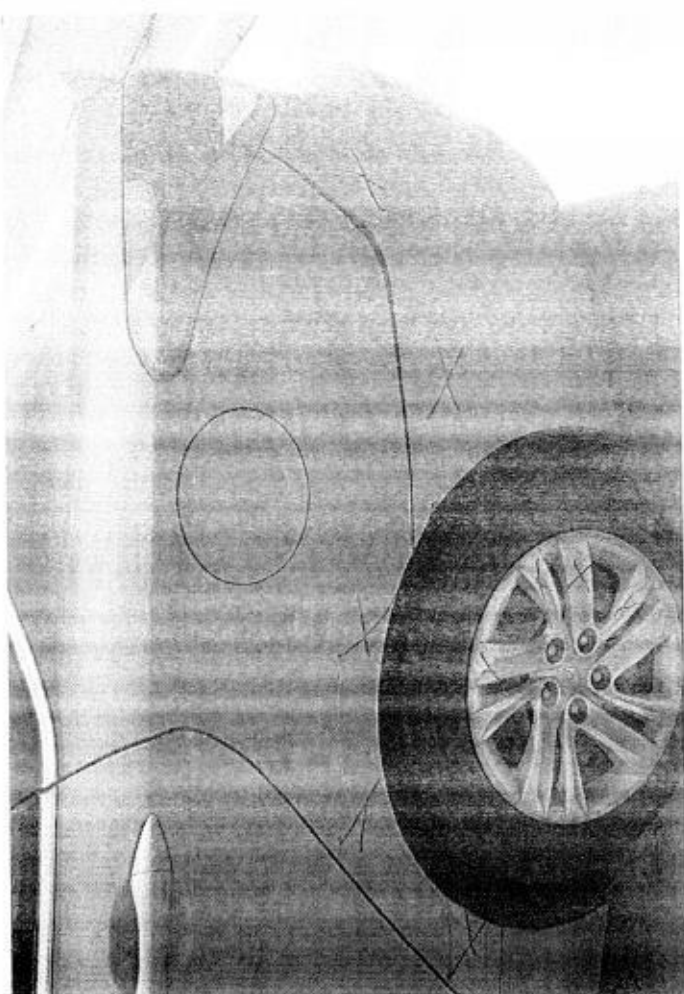
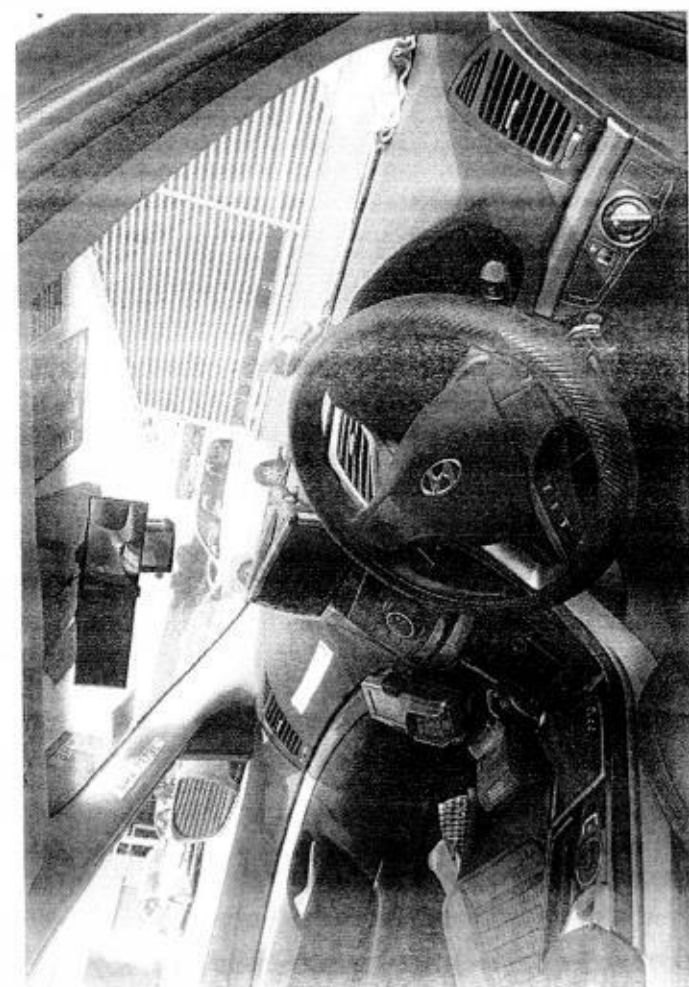
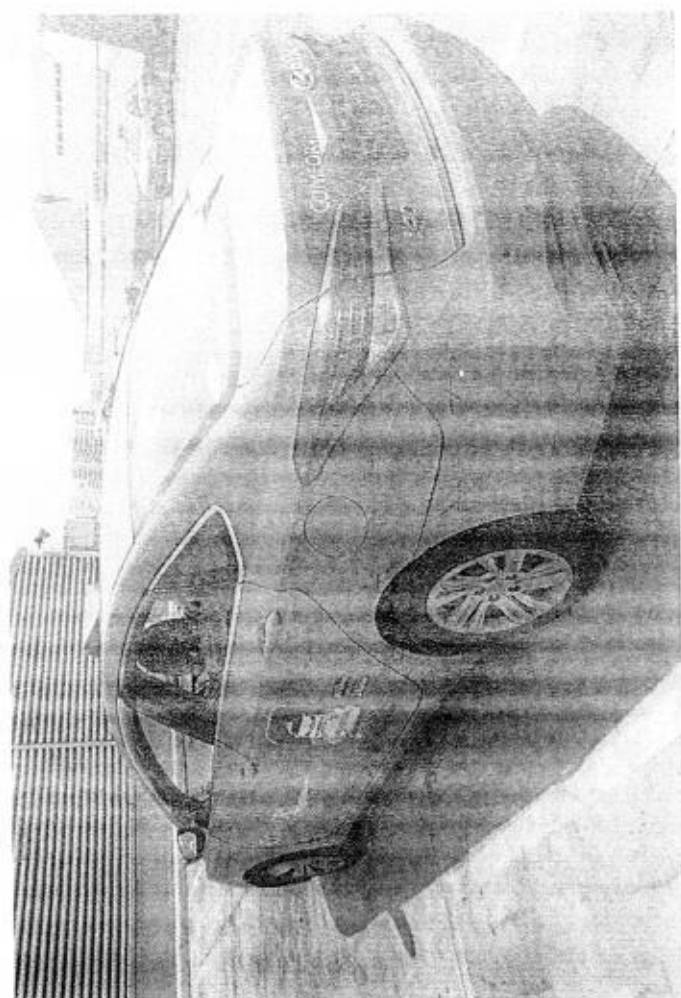
COMFORT TRANSPORTATION PTE. LTD.
CO REG. NO. 199303321R

Policyholder's Signature
Date & Time:

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

27/19 Jackson Heng
C80

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



COMFORTDELGRO

Date/Time: 02.07.2019 19:21

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3934839

JC NO.: 305308212

CUSTOMER:

COMFORT TRANSPORTATION PTE LTD

MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

COUNT CARD NO.

REGN NO.

SHA7379L

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

26.06.2019 19:05

YR OF MANU

02.04.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU067839

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 26.06.2019

NATURE: 3P 26.06.2019

S/NO

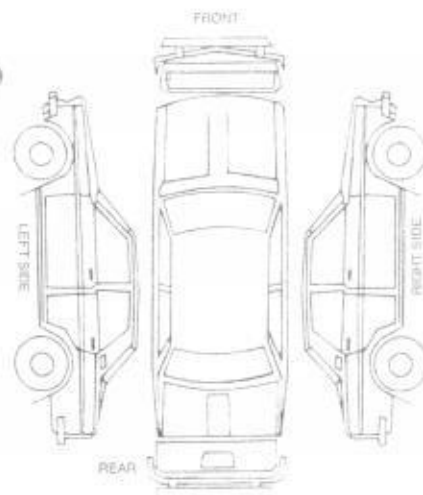
000010

LABOR CODE

23-01

DESCRIPTION

TOWING FEE — \$60



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

1.

2.

Vehicle No.:

SHA7379L

LKE

Vehicle No.:

SHA7379L

Signature of Service Advisor

Signature/Date

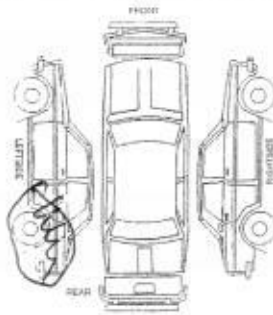
Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 26.6.19 Time Received: 1935		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Mr Teo Contact No. : 83497364 Vehicle No. : SHA 7379 L Make / Model / Colour : 140 Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: Sin Ming Workshop		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		10. Odometer Reading : Fuel Level : F 1/4 1/2 3/4 E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAQ <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : Jim Vehicle No. : GR55662 Time Dispatch : Time of Arrival : Time Completed :			
Cash Invoice Details (if applicable)			
13. Cash Invoice No. :			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
26.6.19 Date		Time	
		Signature of Customer	
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/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

LKe

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/06/2019
Vehicle Reg. No.:	SHA7379L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	02/04/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU493766	Chassis No:	KMHLB41UMFU067839
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	2,566.88
Miscellaneous Items	11.00
Labour	1,830.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,407.88
+ GST 7.00% (S\$)	308.55
Nett Amount (S\$)	4,716.43

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: 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: ComfortDelGro Engineering Pte Ltd/SHA7379L/03/07/2019 09:18

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>peh</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 FENDER LH <i>x rep</i>	20.00	0.00	*2,171.40 FL
4	1		*REAR FENDER INNER LINING LH <i>x su</i>	20.00	0.00	*169.30 FL
5	1		*REAR WINDSCREEN MOULDING <i>x su</i>	20.00	0.00	*28.30 FL
6	1		*REAR WHEEL HUP-CAP LH <i>hup</i>	20.00	0.00	*107.10 FL
7	2		*REAR WINDSCREEN SEALANT <i>x</i>	0.00	0.00	*46.00 F
8	1		*REAR DOOR COMFORTDELGRO & APPS STICKER LH <i>su</i>	0.00	0.00	*80.00 F

F=Franchise part. L=ListItemDisc.

pehler part hup (LH) x rep

Sub Total (S\$)

3,177.10

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

610.22

Total Parts (S\$)

2,566.88

ComfortDelGro Engineering Pte Ltd/SHA7379L/03/07/2019 09:18. 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	400.00 ²⁰⁰
2	SPRAY PAINTING CHARGE	New	900.00 ⁶⁰⁰
3	WIRING CHARGE	New	50.00 ⁵⁰
4	TUFF KOTE	New	50.00 ⁵⁰
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00 ⁵⁰
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00 ¹²⁰
7	REMOVE/REFIX REVERSE SENSOR	New	80.00 ³⁰
8	REAR WHEEL ALIGNMENT	New	80.00 ⁸⁰
9	Towing fee		60.00 ⁶⁰
Gross Labour Cost (S\$)			1,830.00

ComfortDelGro Engineering Pte Ltd/SHA7379L/03/07/2019 09:18. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

1/6/19

3/7/19 1030h

30%

4/3

Alta Rrippl

LKK Auto Consultants hence notify the Repairer of the following:

- To inform the Repairer after spray painting.
- To inform the Repairer of partial during resurvey.
- To inform the Repairer of a "Without Prejudice" basis.
- The Repairer must be informed.
- No Repairer must be informed and
- Subject to final approval from Insurance Company.

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No 3053068212
Date 06.07.19

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

FINALIZATION FORM


To : LKK Fax :
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA7379L CTPL 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 --- YN3393B
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% \$1,200.00
 - Final Lumpsum Repair cost \$1,200.00

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 : KALVIN ANG
Date : 8/7/19

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:

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	03 Jul 2019 09:02 Sendback Est	03 Jul 2019 09:18 S\$4,407.88	03 Jul 2019 16:17 Edit Adj Rpt	S\$1,200.00 Edit Estimates	S\$1,200.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHA7379L	Date of Loss:	26/06/2019 19:00 - :59 [50 Months and 24 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1904914	Policy/Cover Note No.:	MX000877 (Comprehensive) Coverage: 21/02/2019 - 20/02/2020
Vehicle Reg. No. (Insured):	YN3393B	Policy No. (Claimant):	
		Excess:	S\$3,000.00
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 Ho Teng Boon Eliza]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 12/07/2019]		

ASSOCIATED MAIL RECEIVED

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There are no mail for this case.

ALL ASSOCIATED TASKS

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

Claim Documents

**SHA7379L (M1904914)
[YN3393B]**

TP

CTPL

Jun 26 2019 7:00PM

[CTPL]

ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	04/07/19 20:02	TOW TRUCK Video - Accident	Load MOV	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	03/07/19 09:18	Repairer Estimates	Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	03/07/19 16:16	Accident Statement From: SC - Reg. No: YN3393B, Claimant: POWER WORKS PTE. LTD.	Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
2	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
3	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
4	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
5	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
6	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
7	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
8	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
9	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
10	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
11	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
12	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
13	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
14	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
15	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
16	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
17	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
18	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
19	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
20	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
21	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
22	05/07/19 08:31	General View	Load JPG	<input checked="" type="checkbox"/>
23	08/07/19 08:36	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
24	08/07/19 08:36	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
25	08/07/19 08:36	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
26	08/07/19 08:36	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>

Video			1 per page ▾	✓
No	Finalized On		Thumbnail	Print
27	08/07/19 08:36	Tokio Marine Insurance Singapore Ltd (HQ) Reinspection Photo	Load JPG	✓
Documentation			1 per page ▾	✓
No	Finalized On		Thumbnail	Print
1	03/07/19 09:20	ComfortDelGro Engineering Pte Ltd (Loyang) E-filed GIA report	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST			Reset	Save	Print
There are no document checklists configured.					

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Repairer ☐ Handling Insurer
Note: Remarks are private unless you show it to other parties.

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

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/TMI19011818/K1VD3S2

Date: 09/07/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MX000877

Claimant Vehicle No : SHA7379L

Insured Vehicle No : YN3393B

Date of Loss: 26/06/2019

Nature of Claim: TP

Claim No: M1904914

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA7379L

Make & Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4FDDU353219

Reg. Date: 02/04/2015 (Man. Year: 2015)

Chassis No: KMHLB41UMFU067839

Colour: Blue

Odometer: 662213 km

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Good Steering (Serviceable): Yes

Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes

Engine Modification: No

Pre-accident Condition: Good

CONDITION OF TYRES

Front Tyre Size: 205/60R16

Rear Tyre Size: 205/60R16

Front Left Side: West Lake 7 mm

Rear Left Side: West Lake 7 mm

Front Right Side: West Lake 7 mm

Rear Right Side: West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,566.88	625.68	1,941.20	75.62
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,830.00	880.00	950.00	51.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,407.88	1,516.68	2,891.20	65.59
Approved Total (Overridden) (S\$)		1,200.00		
(S\$)	4,407.88	1,200.00	3,207.88	72.78
+ GST 7.00/7.00% (S\$)	308.55	84.00	224.55	72.78
Nett Amount (S\$)	4,716.43	1,284.00	3,432.43	72.78

INSPECTION

Date of Assignment: 03/07/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 03/07/2019 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: VERON CHEN

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: 09 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 SHA7379L)	
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 FENDER LH	Repair	2,171.40 FL	*- FL
4	1		*REAR FENDER INNER LINING LH	Serviceable	169.30 FL	*- FL
5	1		*REAR WINDSCREEN MOULDING	Not Necessary	28.30 FL	*- FL
6	1		*REAR WHEEL HUP-CAP LH	Grazed	107.10 FL	*107.10 FL
7	2		*REAR WINDSCREEN SEALANT	Not Necessary	46.00 F	*- FS
8	1		*REAR DOOR COMFORTDELGRO & APPS STICKER LH	Necessary	80.00 F	*80.00 FS
9	1		*ROCKER PANEL GARNISH (LH)(NPA)	Repair	-	*- FL
					Sub Total (S\$)	3,177.10 762.10
					- List Item Discount on L Items 20.00/20.00% (S\$)	610.22 136.42
					Total Parts (S\$)	2,566.88 625.68

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
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
Labour Items				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	900.00	600.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	50.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	0.00
7	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
8	REAR WHEEL ALIGNMENT	New	80.00	0.00
9	TOWING FEE	New	-	0.00
Gross Labour Cost (S\$)			1,830.00	880.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >