

ASS. REC. BY:

REF: CS/TMI 19012330/KISf3⁵²

Special Instruction:

Surveyor: Kalin

ASSIGNMENT (Office)

From (Person): Jeffrey Tay

of TMI

Date/Time: 12.7.19 10.33a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 6365 C

Insured: SMH 85237

at Workshop m/s Comfortdelgro

Tel: 6214 8300

of 59 Ioyang Drive

Policy No: NJ 001357

Claim No: M 1905172

Sum Insured:

Excess:

Make of Veh:

D.O.A. 9.7.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 12.7.19 11.26a.m

Person Contacted: Jumadi

Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 6365 C - (C4/FWD 19008623/ KUB3) ROA - 14/05/2019
	SMH 85237 - X

Surveyor: 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 6765C Yr Regn: 25 Oct 2013
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Trailer~~ / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes Benz E220 C.C. 2143
 Colour: White A/C: Ins / Std / NI / NA
 Sp. Reading: 872105 T/Radio: Ins / Std / NI / NA
 Eng/No: _____
 C/No: WDD2120022A761050
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Not Jammed / Leaked / Burnt or _____
 Brake: Inorder / Not Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD Not Rim or _____
 Tyre Size: F: 205 / 60 R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wet 1/14
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 9/7/19 D.O.I. 12/7/19
 Survey held at CPGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
19/7/19	Contact 4/5 \$1900/ 2 bgs. (B 2,465.00 Red - 57%)

RECEIVED 19 JUL 2019

Date/Time, File Pass to? 19/07/19
 1) Typist
 Date/Time, File Return to? _____
 2) _____

☐ : Preli. Report
☒ : Final Report

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

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : _____ (\$ _____)

Survey Fee: 250
 Transportation: _____
 Photos: _____

115 \$ 1,900/-

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Jul 2019 09:42 Sendback Est	12 Jul 2019 10:01 S\$4,173.00	12 Jul 2019 10:33 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHB6365C	Date of Loss:	09/07/2019 09:00 - :59 [68 Months and 14 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1905172	Policy/Cover Note No.:	MJ001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019
Vehicle Reg. No. (Insured):	SMH8523J	Policy No. (Claimant):	
		Excess:	S\$2,000.00
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 Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 23/07/2019]		

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.									

COMFORTDELGRO

Date/Time: 12.07.2019 09:26 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305310602

OWNER

AS COMFORT TRANSPORTATION PTE LTD
7010045
OWNER NO. 383 SIN MING DRIVE
LESS Singapore SINGAPORE 575717
65508755 (R) (Q)
(P)

REGN NO:

SHB6365C

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

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

MODEL

E220CDI(E5)

DATE/TIME IN

09.07.2019 09:35

YR OF MANU

25.10.2013

TARGET DATE

CHASSIS CODE

WDD2120022A761050

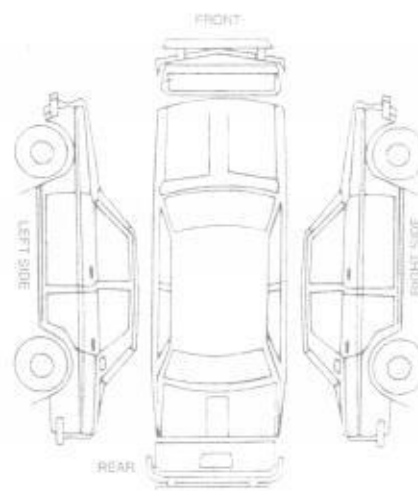
COMPLETION DATE/TIME:

OUNT CARD NO:

JOB DESCRIPTION

Accident Date: 09.07.2019
NATURE: TP/3P 09.07.19 - POUND

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SHB6365C

JU TOKIO

Vehicle No.:

SHB6365C

if 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	11/07/2019 11:44
Date Of Accident	09/07/2019 09:35
Exact Location Of Accident	CTE TWDS SLE EXIT TO CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6365C
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	MERCEDES-BENZ
Model	E220

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	SNG TIAN HUEY
NRIC No	S1635604B
Date Of Birth	10/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1984
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92243394
Fax Number	
Contact Number	
Email Address	RONALD_SNG2002@YAHOO.COM.SG

Address	BLK 216 JURONG EAST STREET 21 #12-521
Postcode	600216
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG EAST N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190710/2158

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	SMH8523J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKU7369A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR AND FRT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLS2137J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SNG TIAN HUEY
Approximate Age 55
Injuries Sustain STRAIN AT NECK, ON 5 DAYS MC.
Injured person in which vehicle? SHB6365C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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. 199303021R

Policyholder's Signature
Date & Time:

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

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

11/7/19
Loke Wei Yieng

SKETCH PLAN

A SHB 6365C
B SMH 8523J
C SKU 7369A
D SLS 2137J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per traffic police report. T/20190719/2158.

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:

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



**SINGAPORE
POLICE FORCE**



T/20190710/2158

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20190710/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 17:39		Vide Report No.:		Station Diary No.: 146
Informant's Particulars				
Name of Informant: SNG TIAN HUEY		Address: APT BLK 216 JURONG EAST STREET 21 #12-521 SINGAPORE 600216		
ID Type / ID No.: NRIC NO / S1635604B		Contact No.: Home/Office: Mobile: 92243394		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 10/03/1964	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/07/2019 09:35	Type of Location: Slip road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY SELETAR EXPRESSWAY Exit Clemenceau Avenue				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6365C	Car	MERCEDES BENZ		White	Seriously Damaged	1
SKU7369A	Car					0
SLS2137J	Car					0
SMH8523J	Car					0



**SINGAPORE
POLICE FORCE**



T/20190710/2158

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20190710/2158

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SNG TIAN HUEY	ID No.	S1635604B
Related Vehicle	SHB6365C (Car)	Contact No.	92243394
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	09/07/2019	Date Discharge	10/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 09/07/2019 at about 0934hrs, I was driving my vehicle (SHB6365C) along CTE towards SLE and exited to Clemenceau Avenue and travelling on the most left lane. At that point of time, it was a peak hour and there were many vehicles on the roads. The vehicle in front of me slow down and stepped the brake, thus I stepped on my brake. Suddenly I felt an impact from the rear, and heard multiple bangs from behind then I composed my self properly and sit inside my vehicle for a while. I asked my passenger and she said she was okay and I assisted her to get another taxi and load her luggage.

After that I then went to check on my vehicle and discovered that the catch at my boot was damaged thus unable to close my boot fully and there were some dent and scratches at the rear bumper. The paramedic asked whether I need to be conveyed to hospital and I agreed as I felt a strain at my neck area. I was conveyed to Singapore General Hospital on 09/07/2019 and was discharged on 10/07/2019 and was unfit for duty for a period of 5 days from 09/07/2019 to 13/07/2019.

I wish to add that I had a in-car camera inside my vehicle.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20190710/2158

3 of 3

Report No. T/20190710/2158

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

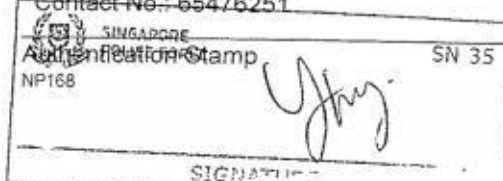
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /
Sgt 2 TEOH YI TING

Signature Of Interpreter:
Not applicable

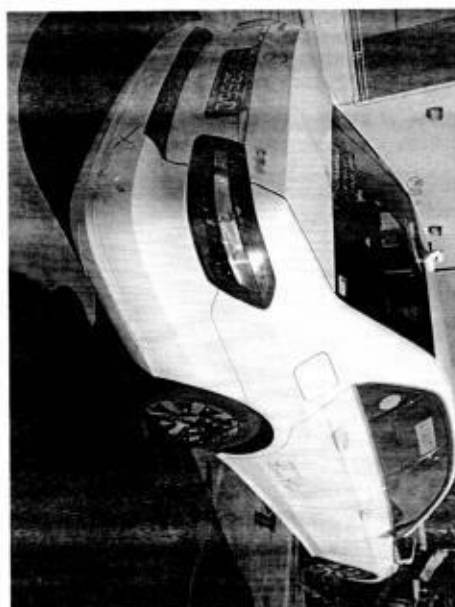
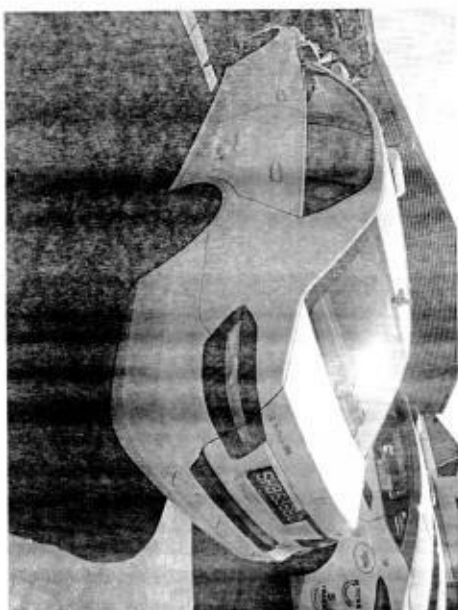
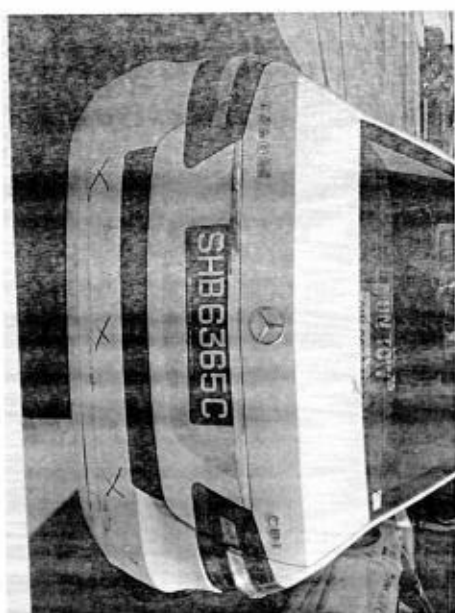
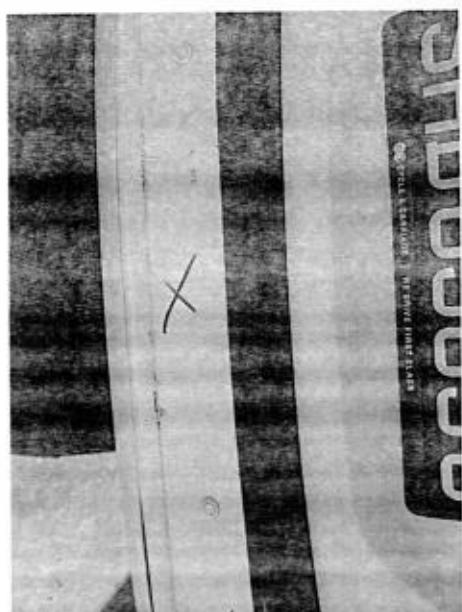
Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MA JUNXIANG
Contact No: 65476251

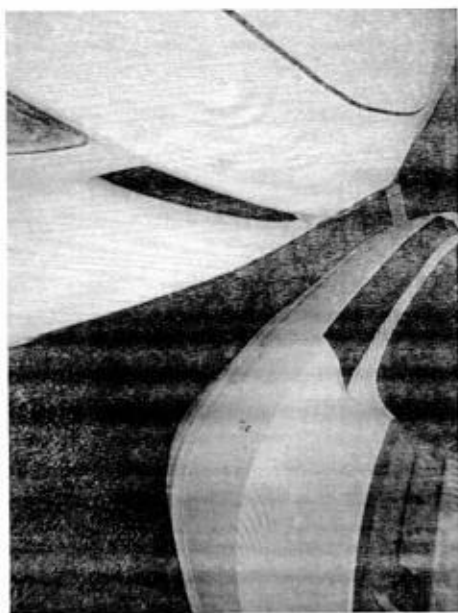
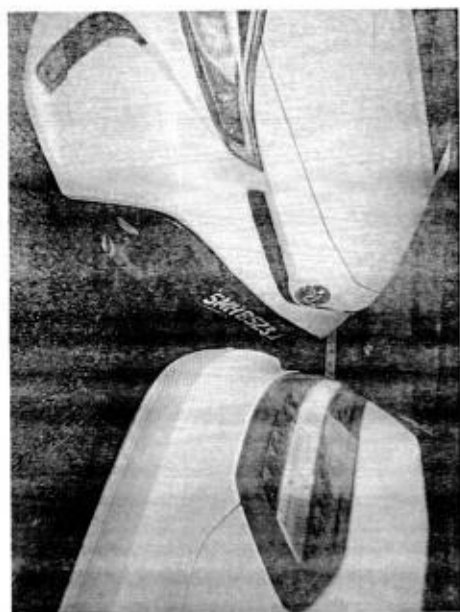


Signature Of Informant:

Date/Time:
10/07/2019 17:39

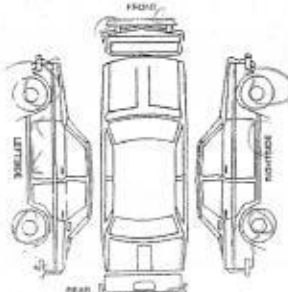
Classification Of Case:





Back Facing wall
Tow from front

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>11-7-19</u> Time Received: _____		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : _____ Contact No. : <u>SHB6365c</u> Vehicle No. : _____ Make / Model / Colour : <u>Merz</u> Email : _____		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
7. Location: <u>TP</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
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: _____		6. Parts Replaced/Remarks: _____ _____ _____	
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		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	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 <p># : Cracked X : Dented / : Scratched O : Missing</p>	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : _____ Vehicle No. : <u>SW605914</u> Time Dispatch : <u>3R</u> Time of Arrival : <u>3R</u> Time Completed : _____			
13. Cash Invoice No. : _____			
Customer Acknowledgement			
<p>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.</p> <p>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.</p> <p>c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>			
Date: _____		Time: _____	
Signature of Customer: _____		Signature of Customer: _____	
14. WORKSHOP			
Name of Attending Staff/Guard: _____		Date & Time of Arrival: _____	
Signature of Attending Staff/Guard: _____		Signature of Attending Staff/Guard: _____	

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) — Juman

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	09/07/2019
Vehicle Reg. No.:	SHB6365C	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	MERCEDES-BENZ A220 CDI, 2.1 (A)	Vehicle Reg. Date:	25/10/2013
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65192431511482	Chassis No:	WDD2120022A761050
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,042.00
Miscellaneous Items	11.00
Labour	1,120.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,173.00
+ GST 7.00% (S\$)	292.11
Nett Amount (S\$)	4,465.11

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: 12 Jul 2019)

Parts: 143 MERCEDES-BENZ A220 CDI 2.1 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHB6365C/12/07/2019 10:01

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 ASSY <i>Patrol</i>	20.00	0.00	*1,510.00 FL
2	1		*REAR BUMPER LOWER BRACKET LH <i>X on</i>	20.00	0.00	*135.00 FL
3	1		*REAR BUMPER LOWER BRACKET RH <i>X on</i>	20.00	0.00	*135.00 FL
4	1		*REAR BUMPER LOWER COVER <i>X on</i>	20.00	0.00	*325.00 FL
5	1		*REAR BUMPER REINFORCEMENT <i>X on</i>	20.00	0.00	*1,150.00 FL
6	1		*REAR BUMPER MAT <i>me</i>	0.00	0.00	*50.00 F
7	1		*REAR BUMPER REVERSE SENSOR <i>shld</i>	0.00	0.00	*388.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$) 3,693.00

- List Item Discount on L Items (\$\$) 651.00

Total Parts (\$\$) 3,042.00

ComfortDelGro Engineering Pte Ltd/SHB6365C/12/07/2019 10:01. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

*Rear End Panel finish - 900**\$240*

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

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	400.00 200
2	SPRAYPAINT	New	400.00 200
3	REMOVE/REFIX REVERSE SENSOR	New	120.00 20
4	CHECK WIRING	New	50.00 x 4 = 200
5	TOWING KING DOLLY	New	150.00 120
Gross Labour Cost (\$\$)			1,120.00

< END OF ESTIMATES >

$$K_{a/w}(U(x))$$

12/7/19 1030h.

2 h.

L/s

Atte Rpr-ph

Letter to Contractor is hence notify
the Receiver of the following:

- To receive the water spray painting
- To receive the survey during resurvey
- Plans and drawings sent to confirmation
- To receive survey on a "without prejudice" basis
- To receive the survey results
- To receive the survey results and
is subject to final approval of Insurance Company

Acknowledged by Engineer
Signature:
Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No 305310602
Date : 18/07/2019

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
: SHB6365C Date of Accident : 09/07/19

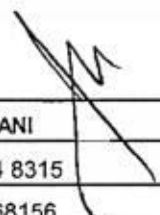
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-


- The repair job shall bill to: TOKIO --- SMH8523J
###
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges ###
 - Total for Part-By-Part Repair Cost

N1

 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1,900.00
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 19/7/19

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

OVERRUN 02 DAYS

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	12 Jul 2019 09:42 Sendback Est	12 Jul 2019 10:01 S\$4,173.00	12 Jul 2019 10:33 Edit Adj Rpt	S\$1,900.00 Edit Estimates	S\$1,900.00 View Rpt		Pending for Survey Report Cancel Case
Supp #1	18 Jul 2019 14:22	18 Jul 2019 14:23 S\$192.00	18 Jul 2019 14:23			(Combined)	Combined with Main Uncombine Suppl.

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHB6365C	Date of Loss:	09/07/2019 09:00 - :59 [68 Months and 14 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1905172	Policy/Cover Note No.:	MJ001357 (Third Party Only) Coverage: 30/09/2018 - 29/09/2019
Vehicle Reg. No. (Insured):	SMH8523J	Policy No. (Claimant):	
		Excess:	S\$2,000.00
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 Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 23/07/2019]		

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.									

Claim Documents

SHB6365C (M1905172)
[SMH8523J]
TP
CTPL
Jul 9 2019 9:00AM
[CTPL]
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

[View](#)
[View in Browser](#)

Assessment Reports			1 per page	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	12/07/19 10:01	Repairer Estimates	Load HTM	
2	18/07/19 14:23	Repairer Estimates Suppl. #1	Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	12/07/19 10:34	Accident Statement From: SC - Reg. No: SMH8523J, Claimant: LUMENS AUTO PTE LTD	Load HTM	

Photos/Images			3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
2	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
3	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
4	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
5	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
6	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
7	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
8	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
9	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
10	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
11	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
12	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
13	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
14	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
15	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
16	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
17	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
18	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
19	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
20	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
21	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
22	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
23	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
24	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
25	15/07/19 08:51	General View	Load JPG	<input checked="" type="checkbox"/>
26	16/07/19 09:04	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
27	16/07/19 09:04	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
28	16/07/19 09:04	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page ▼	✓
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
Documentation			1 per page ▼	✓
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)	Thumbnail	Print
1	22/07/19 15:39	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee	Load PDF	
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	12/07/19 10:02	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/TMI19012330/K1SF3S2

Date: 24/07/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MJ001357

Claimant Vehicle No : SHB6365C

Insured Vehicle No : SMH8523J

Date of Loss: 09/07/2019

Nature of Claim: TP

Claim No: M1905172

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB6365C

Make & Model: MERCEDES-BENZ A220 CDI, 2.1 (A)

Engine No: 65192431243818

Reg. Date: 25/10/2013 (Man. Year: 2013)

Chassis No: WDD2120022A761050

Colour: White

Odometer: 872105 km

Engine Capacity: 2143 cc

Market Value/New Car Price: N/A

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

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Fair Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

Average

CONDITION OF TYRES

Front Tyre Size: 205/60R16

Rear Tyre Size: 205/60R16

Front Left Side: 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	3,234.00	1,838.00	1,396.00	43.17
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,120.00	550.00	570.00	50.89
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,365.00	2,399.00	1,966.00	45.04
Approved Total (Overridden) (S\$)		1,900.00		
(S\$)	4,365.00	1,900.00	2,465.00	56.47
+ GST 7.00/7.00% (S\$)	305.55	133.00	172.55	56.47
Nett Amount (S\$)	4,670.55	2,033.00	2,637.55	56.47

INSPECTION

Date of Assignment: 12/07/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 12/07/2019 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: Hiew May Fung

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: 24 Jul 2019)
Parts:	143	MERCEDES-BENZ A220 CDI 2.1 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB6365C)	
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 ASSY	Deformed	1,510.00 FL	*1,510.00 FL
2	1		*REAR BUMPER LOWER BRACKET LH	Serviceable	135.00 FL	*- FL
3	1		*REAR BUMPER LOWER BRACKET RH	Serviceable	135.00 FL	*- FL
4	1		*REAR BUMPER LOWER COVER	Repair	325.00 FL	*- FL
5	1		*REAR BUMPER REINFORCEMENT	Serviceable	1,150.00 FL	*- FL
6	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 FS
7	1		*REAR BUMPER REVERSE SENSOR	Shorted	388.00 F	*388.00 FS
Supplementary #1						
8	1		*REAR END PANEL GARNISH	Cracked	240.00 FL	*240.00 FL
					Sub Total (S\$)	3,933.00
					- List Item Discount on L Items 20.00/20.00% (S\$)	699.00
					Total Parts (S\$)	3,234.00
						2,188.00
						350.00
						1,838.00

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	SPRAYPAINT	New	400.00	200.00
3	REMOVE/REFIX REVESE SENSOR	New	120.00	30.00
4	CHECK WIRING	New	50.00	0.00
5	TOWING KING DOLLY	New	150.00	120.00
Gross Labour Cost (S\$)			1,120.00	550.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >