

ASS. REC. BY:

REF:

REF: CS/TML19012524/K19f3

Special instruction:

Survivor: Kelvin

ASSIGNMENT (Office)

From (Person): Telma Gomez of THIS Date/Time: 16/7/19

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SH 89065 Insured: SLB5769E

at Workshop m/s Comfort delgro Engineering Tel: _____
of _____

Policy No: MK000585 Claim No: M1905727

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14/7/19
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SH89065 CS/FC11600463/KIWB02
	SLB5769EX

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 89065 Yr Regn: 22 Dec 2016

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

Truck / Trailer or

Make: Hyundai C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 303475 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414M-H4097249

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or MaxxisFront: 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 14/7/19 D.O.I. 15/7/19Survey held at CPGE (Loyang)

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

n/s Run

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

Date / Time Action / Instruction

12/7/19 Contact P/P # 103 668 / 2 Dgs. (Red to 380, 27%) To Kio

M/P

RECEIVED 19 JUL 2019

19/7/2019

Date/Time, File Pass to? ☐ : Prel. Report11/7/19 transfer ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Face (\$)

Survey Fee:

Transportation:

\$ + RS \$

Phone

Fax

250

11

261

M/KP

113.12 1036.68

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	15 Jul 2019 15:11 Sendback Est	15 Jul 2019 15:15 S\$1,416.68	16 Jul 2019 11:58 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.:	SH8906S	Date of Loss:	14/07/2019 09:00 - :59 [30 Months and 22 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1905327	Policy/Cover Note No.:	MK000585 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLB5769E	Policy No. (Claimant):							
		Excess:	S\$1,600.00						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Telma Gomez - 65926402]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 25/07/2019]								
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	15/07/2019 07:44
Date Of Accident	14/07/2019 09:55
Exact Location Of Accident	T JUNCTION OF MARINE PARADE RD AND VILLAGE KATONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8906S
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	NEO YAM CHEW
NRIC No	S1574666A
Date Of Birth	16/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1981
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97879926
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	121B RIVERVALE DRIVE 12-424
Postcode	542121
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	COLLISION - MAJOR/MINOR RD
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

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	SLB5769E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO CHOON TSAIR
NRIC/Passport Number	S7226942Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/7/19 at about 09:55 hrs, I was driving straight at above said location. Suddenly I felt an impact from left hand side. Veh B came out from village ka-long. It front portion collided onto the left rear portion of my taxi. No passenger in my taxi. No injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303824R

Policyholder's Signature
Photo & Stamp

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Witness

14/7/19

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

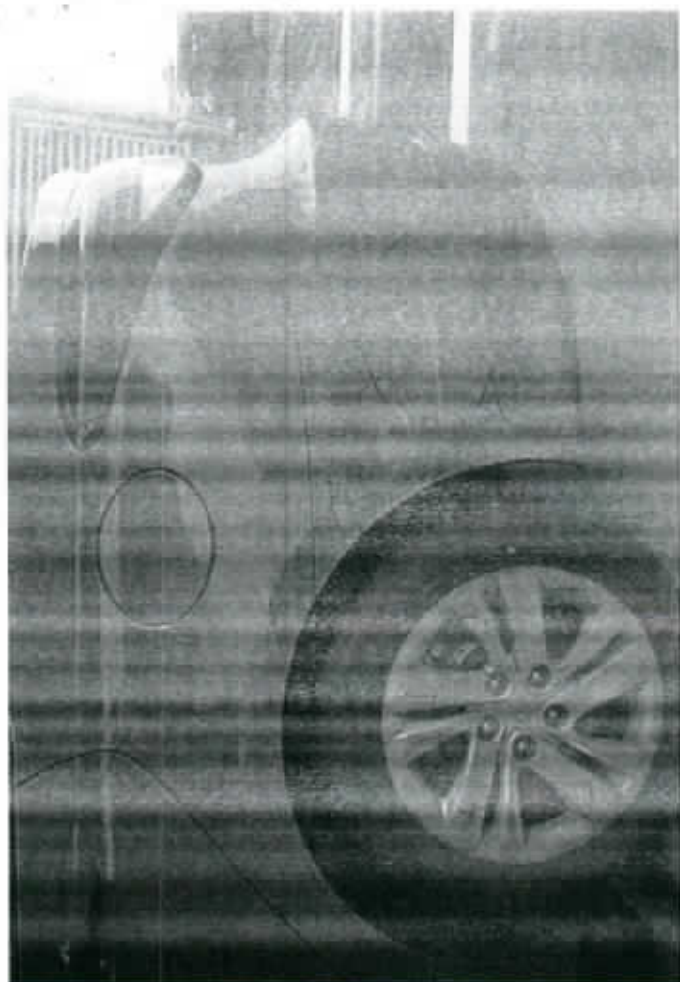
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

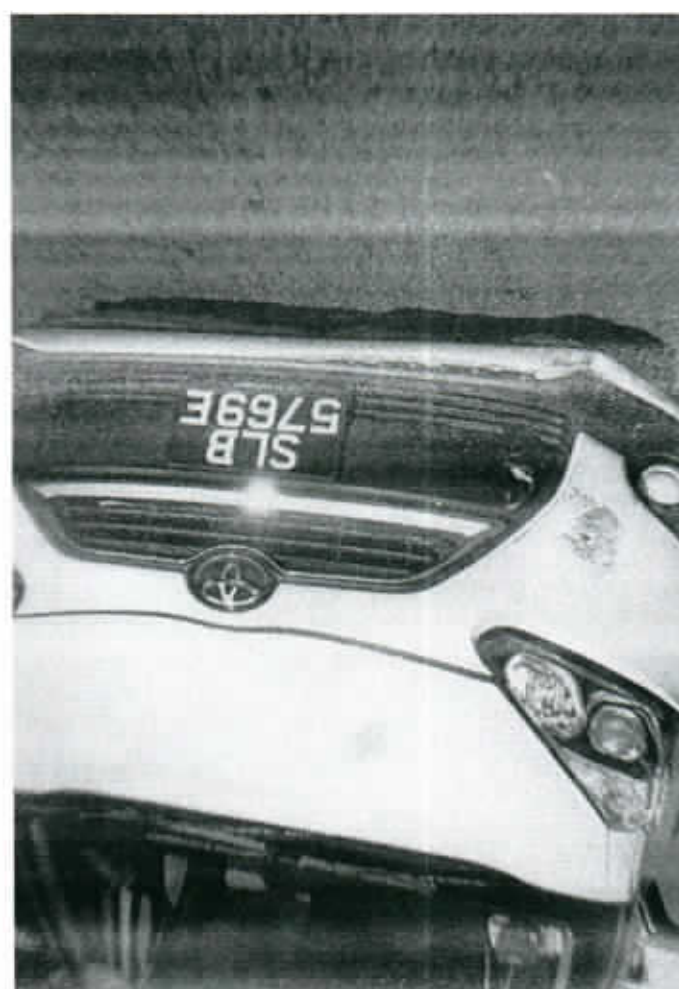
Policyholder's Signature
Date & Time:

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

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

Loke Wai Yeng





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

2010

VEHICLE NO : SH 8906S

M-303475

DATE 15/7/2019 10:18

MAKE :

HanKook 205/60 R16

MODEL : HYUNDAI i40

Chuan

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>cut</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>see</i>			\$ 22.00
	Rear Wheel Hub Cap, LH <i>best</i>			\$ 107.10
	SUB TOTAL			\$ 682.10
	LESS 20%			\$ 136.42
	DISCOUNTED TOTAL			\$ 545.68
	Rear Bumper Rubber Mat <i>see</i>			\$ 50.00 Nett
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>10</i>
	<i>Merina Fee</i>			<i>\$ 11-</i>
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,405.68
<div style="text-align: center;"> <p><i>1/2 Lin 1/2 CM</i></p> <p><i>15/7/19 1130 L.</i></p> <p><i>2 By</i></p> <p><i>P/P</i></p> <p><i>Before Paint p/L</i></p> </div> <div style="border: 1px solid blue; transform: rotate(-10deg); padding: 10px; margin: 10px auto; width: 300px;"> <p>Authorised by: <i>Finance nobly</i></p> <p>Signature: _____</p> <p>Date: _____</p> </div>				
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

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

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	14/07/2019
Vehicle Reg. No.:	SH8906S	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	22/12/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU695021	Chassis No:	KMHLB41UMHU097249
Odometer:	303475 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	595.68
Miscellaneous Items	11.00
Labour	810.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,416.68
+ GST 7.00% (S\$)	99.17
Nett Amount (S\$)	1,515.85

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: 15 Jul 2019)**Parts:** 143 HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SH8906S/15/07/2019 15:15**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 COVER	20.00	0.00	*553.00 FL ✓
2	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL ✓
3	1		*REAR WHEEL HUB CAP LH	20.00	0.00	*107.10 FL ✓
4	1		*REAR BUMPER RUBBER MAT	0	0.00	*50.00 FS ✓

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

Sub Total (\$\$) 732.10

- List Item Discount on L Items (\$\$) 136.42

Total Parts (\$\$) 595.68

ComfortDelGro Engineering Pte Ltd/SH8906S/15/07/2019 15:15. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	200 400.00
2	SPRAY PAINTING	New	200 300.00
3	WIRING	New	30.00 Xms
4	REMOVE/REFIX REVERSE SENSOR	New	30 80.00
Gross Labour Cost (S\$)			810.00

ComfortDelGro Engineering Pte Ltd/SH8906S/15/07/2019 15:15. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORT

Date/Time: 15.07.2019 13:25

Page: 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO. 305311091

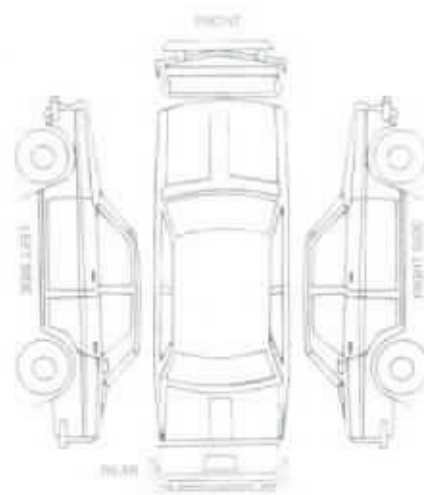
STOMER:		REGD NO.	SH 8906S	MILEAGE
VMS	COMFORT TRANSPORTATION PTE LTD	MAKE	HYUNDAI	FUEL
STOMER NO	7010045	MODEL	I-40	DATE/TIME IN
DRESS	383 SIN MING DRIVE			14.07.2019 10:50
	Singapore SINGAPORE 575717	YR OF MANU	22.12.2016	TARGET DATE
L (R)	65508755	CHASSIS CODE	KMHLB41UMHU097249	COMPLETION DATE/TIME
(P)				
SCOUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 14.07.2019

NATURE: 3P 14.07.2019

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

VEH

Vehicle No. SH 8906S CHIANG

Vehicle No. SH 8906S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

2019

Date: 16.07.2019

Time: 10:20:56

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305311091
 REGN NO : SH 8906S
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 22.12.2016
 DATE/TIME IN : 14.07.2019 10:50
 ACCIDENT DATE : 14.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68
0004 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00	50.00

SUB-TOTAL : 595.68

JOB NATURE

0000 L	MERIMEN FEE	11.00
0001 PB	PANEL BEATING	200.00
0002 SP	SPRAYPAINT CHARGE	200.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 441.00

2019

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.07.2019

Time: 10:20:56

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305311091
REGN NO : SH 8906S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 14.07.2019 10:50
ACCIDENT DATE : 14.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,036.68

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305311091
Date : 16/07/19

COMFORTDELGRO ENGINEERING



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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH8906S

Fax :
14/07/2019

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

2. The repair job shall bill to: TOKIO SLB5769E
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$595.68 |
| (b) Labour Charges | \$441.00 |
| Total for Part-By-Part Repair Cost | \$1,036.68 |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| Final Lumpsum Repair cost | |
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.
- We confirm the estimates and finalized amount
- Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156
- Signature : 
Name : KALVIN
Date : 17/7/19

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	7.48			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

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

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/TMI19012524/K1QF3N2

Date: 22/07/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000585
Claimant Vehicle No :	SH8906S	Insured Vehicle No :	SLB5769E
Date of Loss:	14/07/2019	Nature of Claim:	TP
		Claim No:	M1905327

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH8906S	Engine No:	D4FDGU695021
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMHU097249
Reg. Date:	22/12/2016 (Man. Year: 2016)	Odometer:	303475 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	595.68	595.68	0.00	0.00
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	810.00	430.00	380.00	46.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	1,416.68	1,036.68	380.00	26.82
+ GST 7.00/7.00% (\$\$)	99.17	72.57	26.60	26.82
Nett Amount (\$\$)	1,515.85	1,109.25	406.60	26.82

INSPECTION

Date of Assignment:	16/07/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	15/07/2019	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: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 22 Jul 2019)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH8906S)	
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 COVER	Cut	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR WHEEL HUB CAP LH	Grazed	107.10 FL	*107.10 FL
4	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
					Sub Total (S\$)	732.10
					- List Item Discount on L Items 20.00/20.00% (S\$)	136.42
					Total Parts (S\$)	595.68

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 (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
3	WIRING	New	30.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (\$\$)			810.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >