

ASS. REC. BY:

REF: CS/TM119012589/KH1312

Special Instruction:

SUNVA/M: Kalin

## ASSIGNMENT (Office)

From (Person): Ng Kwai Ka, Francis of TM1

Date/Time: 7/7/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SH8567L

Insured: SME 49342

nt Workshop m/s Comfortdelgro Eng'g

Tel: 6214 8300

of 59 Loyang Drive S (508969)

Policy No: MT107014

Claim No: M1905358

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: 17.7.19 9.09 AM

Person Contacted: Sumadi

Vehicle ☒ IN ☐ OUT

Date/Time Action/Instruction (✓) Estimate

SH8567L CCS/TM119007503/K1901/3.12

SME 49342 X



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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	16 Jul 2019 15:56 <a href="#">Sendback Est</a>	16 Jul 2019 15:44 <b>S\$12,142.48</b>	17 Jul 2019 09:14 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>									
Insured: <b>MOHD DZULFAQAR BIN MOKSAN</b> , ID: 58139378H									
Main Claimant: <b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R									
Vehicle Reg. No.:	<b>SH8567L</b>	Date of Loss:	14/07/2019 15:00 - :59 [37 Months and 12 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / M1905358</b>	Policy/Cover Note No.:	MT107014 (Comprehensive) Coverage: 01/10/2018 - 30/09/2020						
Vehicle Reg. No. (Insured):	<b>SME4934Z</b>	Policy No. (Claimant):	D-18088936MFSH						
		Excess:	S\$0.00						
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	<b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Ng Kwai Kay Francis</b> ]								
Claimant's Insurer:	<b>MS First Capital Insurance Ltd (HQ)</b> - Tel: 62222311								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Final Rpt due 26/07/2019]								
<b>ASSOCIATED MAIL RECEIVED</b>									
			<a href="#">View All</a>	<a href="#">Compose Case Mail</a>					
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b>									
<a href="#">View All</a>	<a href="#">Search Tasks</a>	<a href="#">Create New Task</a>	<a href="#">Complete</a>						
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 14:11
Date Of Accident	14/07/2019 16:00
Exact Location Of Accident	PUNGGOL RD X PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8567L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	ONG LEE CHOON
NRIC No	S1776741J
Date Of Birth	07/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1986
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86867515
Fax Number	
Contact Number	
Email Address	IVANONG20@GMAIL.COM

Address	BLK 171 YISHUN AVENUE 7 #10-777
Postcode	760171
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 - CROSS JUNCTION
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?	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: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190714/2100 / Type Of Accident : HEAD TO SIDE

#### 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	SME4934Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUHANA BINTE JUMAAD
NRIC/Passport Number	S8315780A
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ONG LEE CHOON
Approximate Age	53
Injuries Sustain	PAIN ON NECK, BACK AND RIGHT LEG. ON 4 DAYS MC.
Injured person in which vehicle?	SH8567L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	NG PENG PENG
Approximate Age	
Injuries Sustain	CHEST AND BOTH LEG
Injured person in which vehicle?	SH8567L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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


**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

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

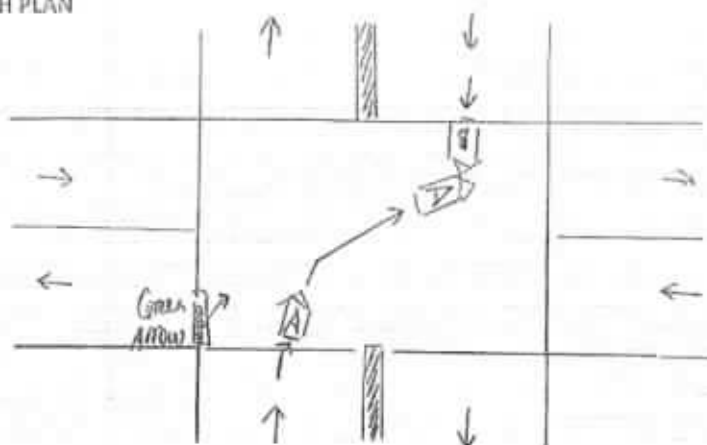
Policyholder's Signature  
Date & Time: 15/7/2019

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/7/2019 @ 12:50hrs

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

## Sketch Plan Pg. 2

### SKETCH PLAN



A-SH 8567L

B-SME 4934Z

Along Punggol Rd x Punggol Central

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No:

T/20190714/2100

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 192303821R

Policyholder's Signature  
Date & Time: 15/7/2019

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 15/7/2019 @ 12:50hrs

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





**SINGAPORE  
POLICE FORCE**



T/20190714/2100

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20190714/2100

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2019 22:44		Vide Report No.:		Station Diary No.: 110	
<b>Informant's Particulars</b>					
Name of Informant: ONG LEE CHOON			Address: APT BLK 171 YISHUN AVENUE 7 #10-777 SINGAPORE 760171		
ID Type / ID No.: NRIC NO / S1776741J			Contact No.: Home/Office: Mobile: 86867515		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 07/02/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4A,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/07/2019 16:00	Type of Location: X-Junction
Location: Along Road 1 PUNGGOL ROAD PUNGGOL CENTRAL Near to Blk 298 Punggol				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SH8567L	Car				Seriously Damaged	1
SME4934Z	Car				Seriously Damaged	1

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190714/2100

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768627  
Tel No: 1800-8529999

2 of 3

Report No. T/20190714/2100

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	NG PENG PENG	ID No.	S7147857B
Related Vehicle	SH8567L (Car)	Contact No.	96436340
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ONG LEE CHOON	ID No.	S1776741J
Related Vehicle	SH8567L (Car)	Contact No.	86867515
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4A,4 Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	JUHANA BINTE JUMAAD	ID No.	S8315780A
Related Vehicle	SME4934Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 14/07/2019 at about 4pm, I was travelling along Punggol road towards Punggol Central. When I wanted to make a right turn to Punggol central, while the green arrow appear, a car from the opposite direction hit onto my car. There was a passenger in my car and she was conveyed by ambulance to hospital. I had seek treatment from Khoo Teck Puat hospital and was given 4 days of MC. I am having pain on the right neck, back pain and right leg.



**SINGAPORE  
POLICE FORCE**



T/20190714/2100

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No. 1800-8529999

3 of 3

Report No. T/20190714/2100

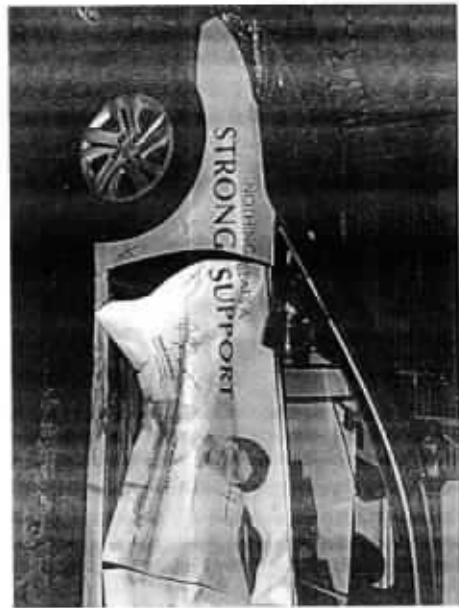
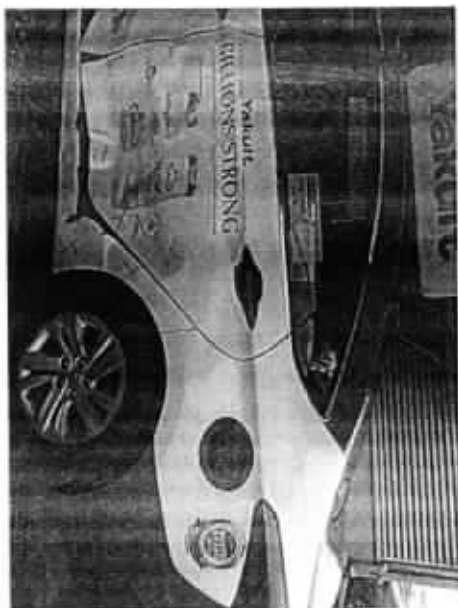
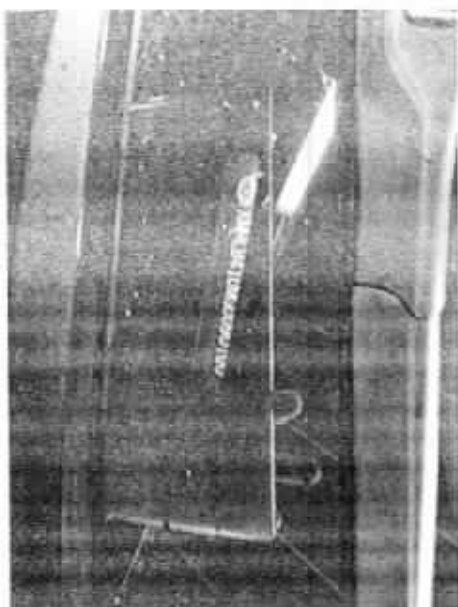
CONTINUATION OF REPORT

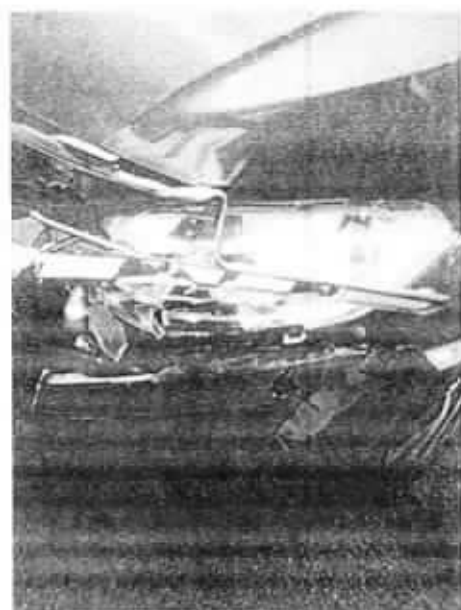
**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: L / SI MOHAMED SAHIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2019 22:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP168	Signature:  SN 085 Singapore Police Force





## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

## Job Requisition

1. Date: 14-7-2019 Time Received: 16:37		3. Vehicle Type:		4. Type of Towing:	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis		<input type="checkbox"/> Private		<input checked="" type="checkbox"/> Normal Tow	
Name of Customer: MR ONG		<input checked="" type="checkbox"/> Taxi (CTPL/CCPL)		<input type="checkbox"/> King Dolly	
Contact No.: 86867515		<input type="checkbox"/> Fleet		<input type="checkbox"/> Flat Bed	
Vehicle No.: 548567L		<input type="checkbox"/> STK (Boon Lay)		<input type="checkbox"/> Crane-up	
Make / Model / Colour: 142		5. Nature of Service:		6. Parts Replaced/Remarks:	
Email:		<input type="checkbox"/> Jumpstart			
		<input type="checkbox"/> Recovery			
		<input type="checkbox"/> Change Tyre / Battery			

7. Location: 602C PUNGGOL CENTRAL		8. Vehicle Tow - In Workshop:	
9. Preferred 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	
<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:		11. Radio / CD Player	
Fuel Level: F 1/4 1/2 3/4 E		<input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	

## Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING		
Name of Driver: SHU JIAN		
Vehicle No.: 717494G		
Time Dispatch: 16:37		
Time of Arrival: 17:16		
Time Completed: 17:34		#: Cracked X: Dented /: Scatched O: Missing Signature of Customer:

## 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™.

14-7-2019	17:16	Signature of Customer
Date	Time	

## 14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
-------------------------------	------------------------	------------------------------------

WORKSHOP COP

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305311735

CUSTOMER COMFORT TRANSPORTATION PTE LTD VARS 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO. SH 8567L	MILEAGE
		MAKE: HYUNDAI	FUEL E 1/2 F
		MODEL I-40	DATE/TIME IN 14.07.2019 16:00
		YR OF MANU 02.06.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMGU090100	COMPLETION DATE/TIME

JOB DESCRIPTION		
Accident Date: 14.07.2019 NATURE: 3P 14.07.2019 ( C )		
S/NO	LABOR CODE	DESCRIPTION
		TOKIO - whole left Lorry/Kabin -



BOOKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

Wedge ment Slip		Exit Pass	
No. SH 8567L	LARRY	Vehicle No. SH 8567L	
Signature/Date		Name of Service Advisor	
Signature/Date		Date	
Returned to Service Reception upon collection		To be kept by Security Guard	



**ComfortDelGro Engineering Pte Ltd** (Co Reg. No: 199506048W)  
 59 Loyang Drive  
 Singapore 508969  
 Tel: 6214 8300

**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)  
**MOHD DZULFAQAR BIN MOKSAN**

Singapore

**Claimant Insurer:** MS First Capital Insurance Ltd

**PARTICULARS OF CLAIM**

<b>Claim Type:</b>	THIRD PARTY	<b>Ref. No:</b>	
<b>Policy No:</b>	MT107014	<b>Date of Loss:</b>	14/07/2019
<b>Vehicle Reg. No.:</b>	SH8567L	<b>Driveable?</b>	NO
<b>Party At Fault:</b>	UNKNOWN		
<b>Driver (TP):</b>	ONG LEE CHOON		
<b>Make/Model:</b>	HYUNDAI I40, 1.7 D CRDI (A)	<b>Vehicle Reg. Date:</b>	02/06/2016
<b>Vehicle Colour:</b>	BLUE	<b>Gen Condition:</b>	GOOD
<b>Engine No:</b>	D4FDGU626237	<b>Chassis No:</b>	KMHLB41UMGU090100
<b>Odometer:</b>	453355 KM		
<b>Paint Type:</b>			
<b>List Item Discount:</b>	20.00 %		
<b>Total Loss?</b>	NO		
<b>Est. Duration of Repair (day)</b>	6		
<b>Description of Accident/Loss</b>	PLS REFER TO ATTACHED / POLICE REPORT : T/20190714/2100 / TYPE OF ACCIDENT : HEAD TO SIDE		
<b>Present Location:</b>	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	8,771.48
Miscellaneous Items	11.00
Labour	3,360.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>12,142.48</b>
<b>+ GST 7.00% (S\$)</b>	<b>849.97</b>
<b>Nett Amount (S\$)</b>	<b>12,992.45</b>

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System



## REPAIR DETAILS

## Reference

**Part Source:** MRM-SG      **Version:** 1.0 (Last Synchronised: 16 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/SH8567L/16/07/2019 16:44

**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		*FUEL LID COVER <i>x repair</i>	20.00	0.00	*70.90 FL
2	1		*REAR DOOR - LH <i>Butkl</i>	20.00	0.00	*2,201.10 FL
3	1		*REAR DOOR GEAR/REGULATOR - LH <i>Xm</i>	20.00	0.00	*242.80 FL
4	1		*REAR DOOR POWER MOTOR - LH <i>Xm</i>	20.00	0.00	*158.60 FL
5	1		*REAR DOOR HINGE UPPER - LH <i>- But</i>	20.00	0.00	*45.90 FL
6	1		*REAR DOOR HINGE LOWER - LH <i>- But</i>	20.00	0.00	*45.90 FL
7	1		*REAR DOOR CHECK - LH <i>Xm</i>	20.00	0.00	*62.90 FL
8	1		*REAR DOOR TRIM BOARD - LH <i>Xm</i>	20.00	0.00	*808.70 FL
9	1		*FRONT DOOR - LH <i>Butkl</i>	20.00	0.00	*2,256.40 FL
10	1		*FRONT DOOR GEAR/REGULATOR - LH <i>Xm</i>	20.00	0.00	*250.60 FL
11	1		*FRONT DOOR UPPER HINGE - LH <i>- But</i>	20.00	0.00	*36.10 FL
12	1		*FRONT DOOR LOWER HINGE - LH <i>- But</i>	20.00	0.00	*36.10 FL
13	1		*FRONT DOOR CHECK - LH <i>Xm</i>	20.00	0.00	*39.20 FL
14	1		*FRONT DOOR POWER MOTOR - LH <i>Xm</i>	20.00	0.00	*172.70 FL
15	1		*FRONT DOOR TRIM BOARD - LH <i>- cm</i>	20.00	0.00	*973.50 FL
16	1		*DOOR CENTRE PILLAR OUTER - LH <i>x repair</i>	20.00	0.00	*2,527.80 FL
17	1		*ROCKER PANEL OUTER GARNISH - LH <i>- cm</i>	20.00	0.00	*341.40 FL
18	1		*REAR DOOR APP STICKER <i>- nbc</i>	0	0.00	*80.00 FS
19	1		*FRONT DOOR COMFORT STICKER <i>- nbc</i>	0	0.00	*75.00 FS
20	1		*ADVERTISEMENT - LHR DOOR <i>- nbc</i>	0	0.00	*100.00 FS
21	1		*ADVERTISEMENT - LHF DOOR <i>- nbc</i>	0	0.00	*100.00 FS
22	1		*ADVERTISEMENT - LHF FENDER <i>- nbc</i>	0	0.00	*100.00 FS
23	1		*ADVERTISEMENT - LHR FENDER <i>- nbc</i>	0	0.00	*100.00 FS

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

Sub Total (\$\$) 10,825.60

- List Item Discount on L Items (\$\$) 2,054.12

Total Parts (\$\$) 8,771.48

ComfortDelGro Engineering Pte Ltd/SH8567L/16/07/2019 16:44. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

Larry Ng

## 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	1,200.00 <sup>800</sup>
2	SPRAY PAINTING	New	1,600.00 <sup>800</sup>
3	WIRING CHARGE	New	100.00 <sup>50</sup>
4	TUFF KOTE	New	100.00 <sup>50</sup>
5	TRANSFER OF DOORS	New	240.00 <sup>100</sup>
6	TOWING FEE	New	120.00 <sup>60</sup>
Gross Labour Cost (S\$)			3,360.00

ComfortDelGro Engineering Pte Ltd/SH8567L/16/07/2019 16:44. Not valid without Reference section.  
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< END OF ESTIMATES >

Larry Ng

Kahin 16/11/19

17/7/19 103L

5 Days

4/5

Atta Raza

Accepted by Repairer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by Insurer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by Customer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by Repairer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by Insurer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by Customer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305311735  
Date : 24. Jul. 2019

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


## FINALIZATION FORM


To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SH 8567L Date of Accident: 14. Jul. 2019

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

1. The repair job shall bill to: TOKIO SME4934Z
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:  
**Final Lumpsum Repair cost** **\$5,800.00**
3. Estimated normal period for repairs: 5 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 : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : K. Kalvin  
Date : 25/7/19

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

Remarks:

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

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

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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/TMI19012589/K1TF3N2

Date: 29/07/2019

**REFERENCE**

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT107014
Claimant Vehicle No :	SH8567L	Insured Vehicle No :	SME4934Z
Date of Loss:	14/07/2019	Nature of Claim:	TP
		Claim No:	M1905358

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

Reg No:	SH8567L	Engine No:	D4FDGU626237
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU090100
Reg. Date:	02/06/2016 (Man. Year: 2016)	Odometer:	453355 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

**CONDITION OF VEHICLE AT THE TIME OF SURVEY**

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

**CONDITION OF TYRES**

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

The above values represent the remaining tyre treads depth

**COST OF CLAIMS**

	Repairer's	Adjuster's	Difference	Diff %
Parts	8,771.48	5,504.60	3,266.88	37.24
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	3,360.00	1,860.00	1,500.00	44.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>12,142.48</b>	<b>7,375.60</b>	<b>4,766.88</b>	<b>39.26</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>5,800.00</b>		
<b>(S\$)</b>	12,142.48	5,800.00	6,342.48	52.23
<b>+ GST 7.00/7.00% (S\$)</b>	849.97	406.00	443.97	52.23
<b>Nett Amount (S\$)</b>	<b>12,992.45</b>	<b>6,206.00</b>	<b>6,786.45</b>	<b>52.23</b>

**INSPECTION**

Date of Assignment:	17/07/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	17/07/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	5.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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

## REPAIR DETAILS

<b>Reference</b>	
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 29 Jul 2019)
<b>Parts:</b> 143	HYUNDAI i40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SH8567L)
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FUEL LID COVER	Repair	70.90 FL	*- FL
2	1		*REAR DOOR - LH	Buckled	2,201.10 FL	*2,201.10 FL
3	1		*REAR DOOR GEAR/REGULATOR - LH	Serviceable	242.80 FL	*- FL
4	1		*REAR DOOR POWER MOTOR - LH	Serviceable	158.60 FL	*- FL
5	1		*REAR DOOR HINGE UPPER - LH	Bent	45.90 FL	*45.90 FL
6	1		*REAR DOOR HINGE LOWER - LH	Bent	45.90 FL	*45.90 FL
7	1		*REAR DOOR CHECK - LH	Serviceable	62.90 FL	*- FL
8	1		*REAR DOOR TRIM BOARD - LH	Serviceable	808.70 FL	*- FL
9	1		*FRONT DOOR - LH	Buckled	2,256.40 FL	*2,256.40 FL
10	1		*FRONT DOOR GEAR/REGULATOR - LH	Bent	250.60 FL	*250.60 FL
11	1		*FRONT DOOR UPPER HINGE - LH	Bent	36.10 FL	*36.10 FL
12	1		*FRONT DOOR LOWER HINGE - LH	Bent	36.10 FL	*36.10 FL
13	1		*FRONT DOOR CHECK - LH	Serviceable	39.20 FL	*- FL
14	1		*FRONT DOOR POWER MOTOR - LH	Serviceable	172.70 FL	*- FL
15	1		*FRONT DOOR TRIM BOARD - LH	Cracked	973.50 FL	*973.50 FL
16	1		*DOOR CENTRE PILLAR OUTER - LH	Repair	2,527.80 FL	*- FL
17	1		*ROCKER PANEL OUTER GARNISH - LH	Cracked	341.40 FL	*341.40 FL
18	1		*REAR DOOR APP STICKER	Necessary	80.00 FS	*80.00 FS
19	1		*FRONT DOOR COMFORT STICKER	Necessary	75.00 FS	*75.00 FS
20	1		*ADVERTISEMENT - LHR DOOR	Necessary	100.00 FS	*100.00 FS
21	1		*ADVERTISEMENT - LHF DOOR	Necessary	100.00 FS	*100.00 FS
22	1		*ADVERTISEMENT - LHF FENDER	Necessary	100.00 FS	*100.00 FS
23	1		*ADVERTISEMENT - LHR FENDER	Necessary	100.00 FS	*100.00 FS

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

<b>Sub Total (\$\$)</b>	<b>10,825.60</b>	<b>6,742.00</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>2,054.12</b>	<b>1,237.40</b>
<b>Total Parts (\$\$)</b>	<b>8,771.48</b>	<b>5,504.60</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

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

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	1,200.00	800.00
2	SPRAY PAINTING	New	1,600.00	800.00
3	WIRING CHARGE	New	100.00	50.00
4	TUFF KOTE	New	100.00	50.00
5	TRANSFER OF DOORS	New	240.00	100.00
6	TOWING FEE	New	120.00	60.00
Gross Labour Cost (S\$)			3,360.00	1,860.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;