

(08/11/13)

Surveyor: KalvinREF: CC3/TM1 190141721 EIV f3n2ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLS 3335BPolicy No. MI000894Claims No. M1906169

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 86292 Regn: 14 Aug 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / TO / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 C.C. 16PrColour: Blue A/C: Ins Std / NI / NASp. Reading: 40745x T/Radio: Ins Std / NI / NA

Eng/No: _____

C/No: KMHCB41UM6405779Gen. Cond: Good / Fair / Poor / BurntSteering: Ins / Jammed / Leaked / Burnt orBrake: Ins / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 13/8/19 D.O.I. 14/8/19Survey held at CPGE (Loyang)

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

Front 4/s

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

Date / Time	Action / Instruction
	SHC 86292 - NA / TM1 19014041 / r3 ROA - 13/08/2019 Tokio
	SLS 3335B - NA / TM1 19014041 / r3 DIA - 13/08/2019 4.

15/8/19 Email GIA to TM1
 19/8/19 Chit PIP \$411 / 2 Pys. (Red 906.48, 6990) (No LS) manif

RECEIVED 19 AUG 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

19/8 - typist

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : She Info S

Survey Fee:

Transportation:

S + SS (\$)

250

11

261

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Aug 2019 11:33 Sendback Est	14 Aug 2019 11:43 S\$1,217.64	15 Aug 2019 10:12 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	SUPREME LEASING & LIMOUSINE PTE LTD, Co. Reg. No.: 201710190R		
Main Claimant:	CTPL, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8629Z	Date of Loss:	13/08/2019 01:00 - :59 [59 Months and 30 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1906169	Policy/Cover Note No.:	MI000894 (Comprehensive) Coverage: 25/05/2019 - 14/10/2019
Vehicle Reg. No. (Insured):	SLS3735B	Policy No. (Claimant):	
		Excess:	S\$1,800.00
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 Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 26/08/2019]		

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.									

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Thursday, 15 August 2019 9:30 AM
To: 'motorclaims'
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDEGLRO ENGINEERING PTE LTD , DOA: 13/8/2019, SHC 8629Z (TP VEHICLE), SLS 3735B (OI VEHICLE)
Attachments: EST.pdf; GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 8629Z at M/s: COMFORTDEGLRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 14/8/2019

Enclosed herewith a copy of TP's GIA report and estimated cost of repair .

Kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	14/08/2019 09:31
Date Of Accident	13/08/2019 01:15
Exact Location Of Accident	BLK 131 YISHUN ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8629Z
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD (COMPANY)
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	HARUN NORRACHEI BIN MAMOR
NRIC No	S1488285E
Date Of Birth	23/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1986
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87869499
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	179 03-16 LOMPANG ROAD
Postcode	670179
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE (?? reverse)
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

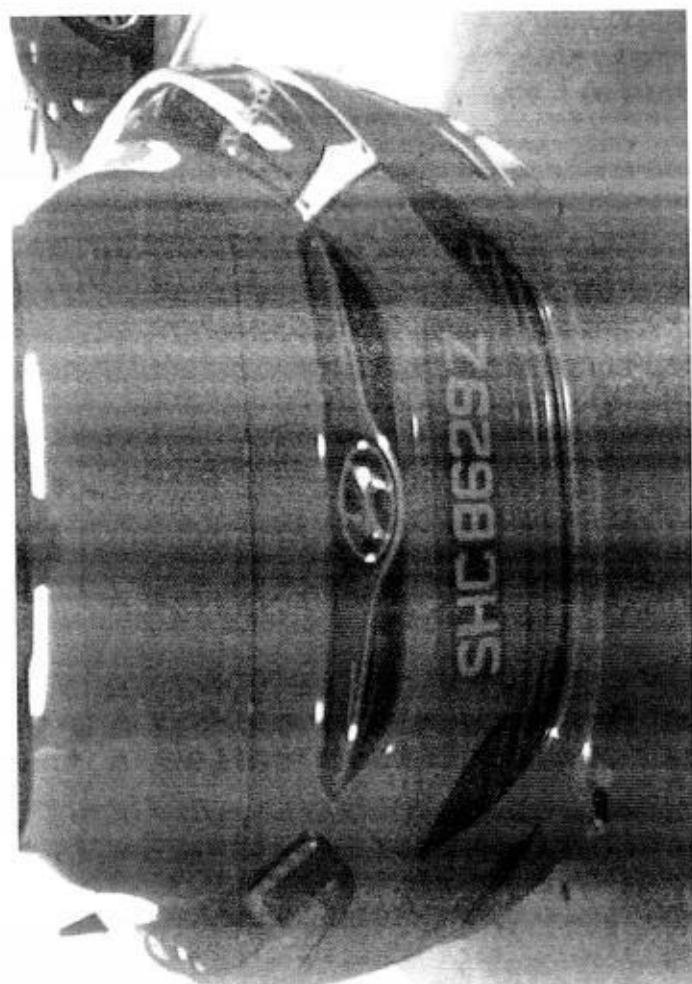
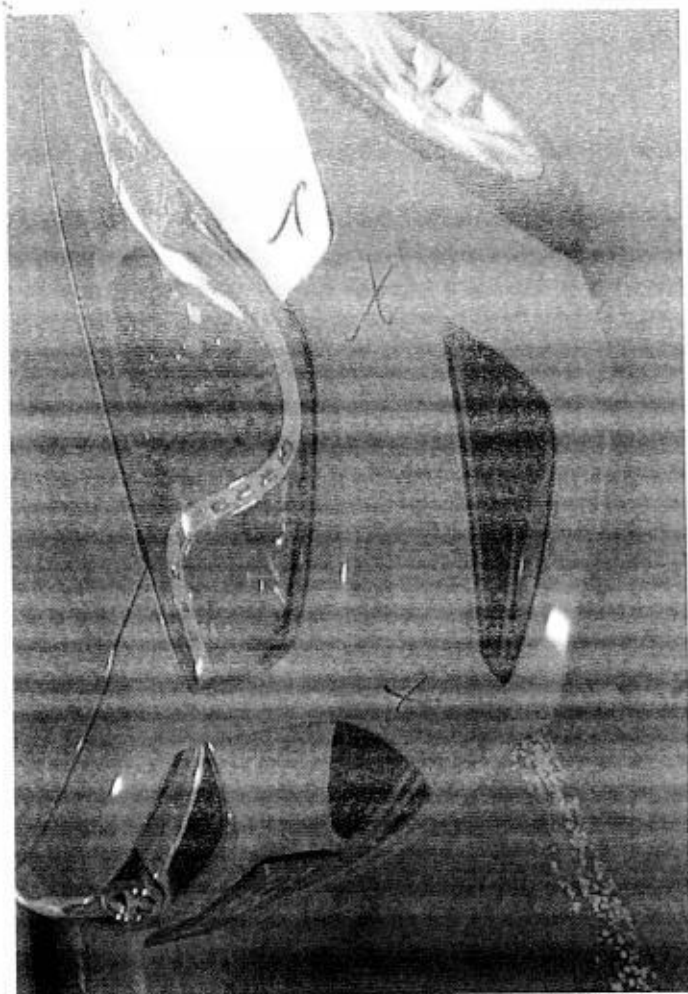
SEE ATTACH.

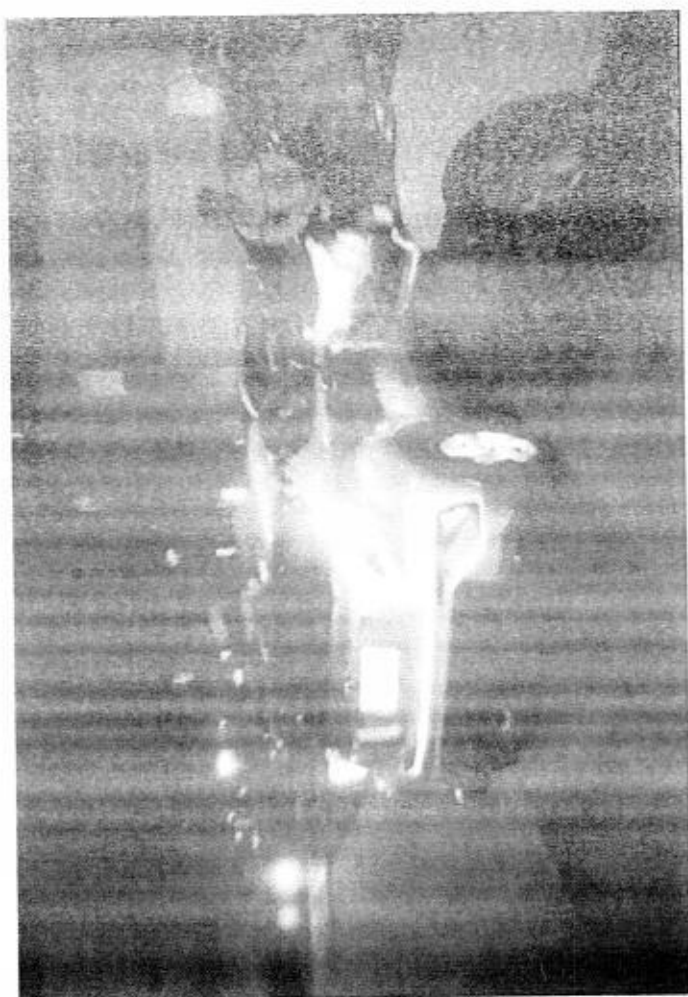
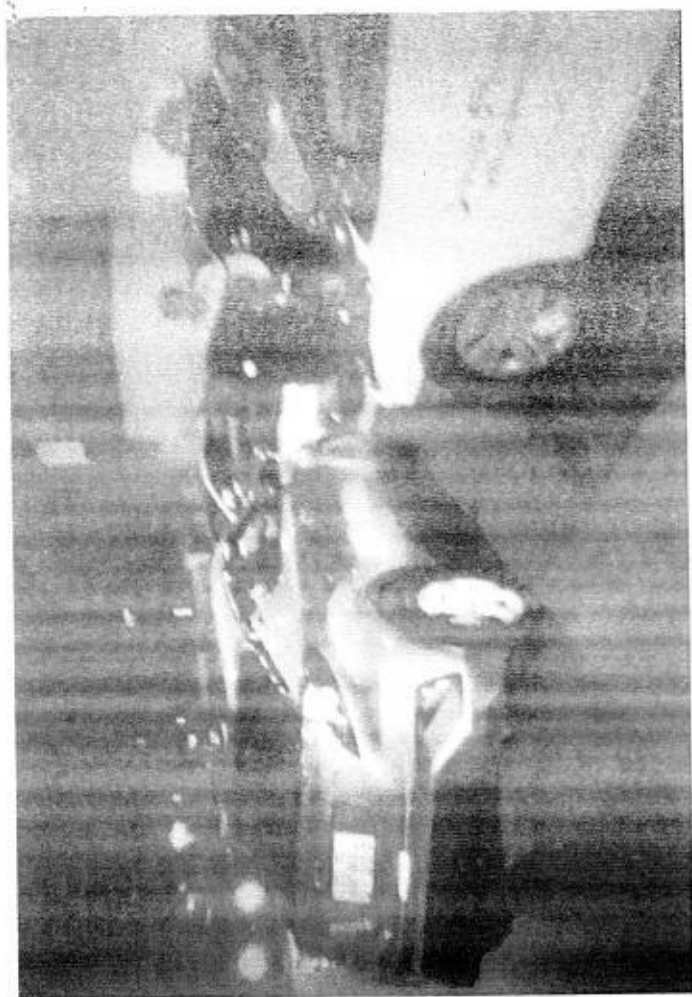
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS3735B
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	NO DAMAGE
No. Of Passenger (Including Driver)	





COMFORT

Date/Time: 14.08.2019 10:48

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO 305324413

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65508755

- (R) (O)

(P)

COUNT CARD NO.

REGN NO. SHC8629Z

MILEAGE

MAKE: HYUNDAI

FUEL

E 1/2 F

MODEL: I-40

DATE/TIME IN 13.08.2019 15:20

YR OF MANU. 14.08.2014

TARGET DATE

CHASSIS CODE KMHLB41UMEU057791

COMPLETION DATE/TIME

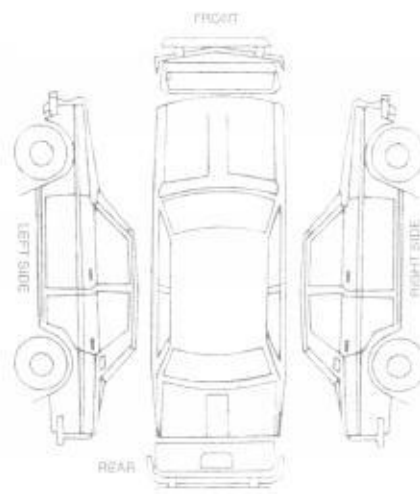
JOB DESCRIPTION

Accident Date: 13.08.2019

NATURE: 3P 13.08.19

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

1:

2:

3: Vehicle No.:

SHC8629Z

JU TOKIO

SHC8629Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHC 8629Z

DATE 14/8/2019 10:38

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X 1 p. 2</i>			\$ 544.50
	Front Bumper Grille (LH) <i>X 1 p. 1</i>			\$ 41.60
	Front Bumper Bracket Top (LH) <i>X 5 p. 2</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X 5 p. 2</i>			\$ 24.60
	SUB TOTAL			\$ 633.10
	LESS 20%			\$ 126.62
	DISCOUNTED TOTAL			\$ 506.48
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	<i>Material Fee</i>			\$ 11
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 1,206.48
				1317.48

*Ka In (11/12)**14/8/19 1115 hr**2 days**4/5**After Repair photo*

Like all our customers to please notify the Repairer of the following:

- To notify before the spray painting
- To notify damaged parts during survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:
Signature:
Date:

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.

Our Job Ref No 305324413

Date : 15/08/2019

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

To : LKK

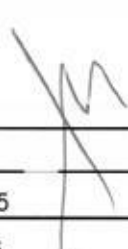

Fax :

Attn : KALVIN

: SHC8629Z

Date of Accident : 13/08/2019

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

1. The repair job shall bill to: TOKIO --- SLS3735B
###
2. The finalized amount shall be:
- | | | |
|---|-----|-----------------|
| (a) Spare Parts after List discount | | \$0.00 |
| (b) Labour Charges | ### | \$411.00 |
| Total for Part-By-Part Repair Cost | | \$411.00 |
- (c.) Lumpsum Repair (if applicable)
- Total for Lumpsum repair cost after Less: 20%
- 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 : JUMANI
- Tel : 6214 8315
- Fax : 65468156
- Signature : 
- Name : KALVIN
- Date : 19/8/19

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:

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: CC3/TMI19014172/K1VF3N2

Date: 22/08/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MI000894
Claimant Vehicle No :	SHC8629Z	Insured Vehicle No :	SLS3735B
Date of Loss:	13/08/2019	Nature of Claim:	TP
		Claim No:	M1906169

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8629Z	Engine No:	D4FDEU439864
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU057791
Reg. Date:	14/08/2014 (Man. Year: 2014)	Odometer:	407454 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:	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	506.64	0.00	506.64	100.00
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	700.00	400.00	300.00	42.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,217.64	411.00	806.64	66.25
+ GST 7.00/7.00% (S\$)	85.23	28.77	56.46	66.24
Nett Amount (S\$)	1,302.87	439.77	863.10	66.25

INSPECTION

Date of Assignment:	15/08/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	14/08/2019	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: VERON CHEN

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

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 22 Aug 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC8629Z)
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		*FRT BUMPER ASSY	Repair	544.50 FL	*- FL
2	1		*FRT BUMPER GRILLE LH	Serviceable	41.60 FL	*- FL
3	1		*FRT BUMPER BRACKET LH	Serviceable	24.60 FL	*- FL
4	1		*FRT BUMPER BRACKET TOP LH	Serviceable	22.60 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	633.30	0.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	126.66	0.00
Total Parts (\$\$)	506.64	0.00

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	400.00	200.00
2	SPRAYPAINT	New	300.00	200.00
Gross Labour Cost (S\$)			700.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >