

22/03/2019

ASS. REC. BY:

REF: CS/U01 19014755/KISf3n2

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Jimmy Lowof U01Date/Time: 22.8.19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 8665TInsured: YM 7459Aat Workshop m/s Comfordelgro

Tel:

of 59 Loyang Drive

Policy No:

Claim No: DHOM 110164761800

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20.8.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

mp'

H.O.D. Endorsement:

Date/Time: 22.8.19 11.00am

Person Contacted:

JumadiVehicle IN OUT

Date/Time	Action/Instruction ( ✓ ) Estimate
	SHC 8665T - KSI/AC K10099621 KISf3n2 DOA - 3/05/2019
	CS3/GA11801722 / Kche2 DOA - 12/09/2018

(08/11/13)

REF: ^

Surveyor: Kalvin

## 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: SHC 8665T Yr Regn: 17 Mar 2016

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

Truck / Trailer or

Make: Hyundai 2+ C.C. 1635Colour: B/W A/C: Insured / Std / NI / NASp. Reading: 55285 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB416MH4085769

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 / Rim or

Tyre 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. 20/8/19 D.O.I. 22/8/19Survey held at C/DGE (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
23/8/19	Labour 45 \$750 / 2 hrs.
	( \$ 1543.54 Red - 67% )

RECEIVED 25 AUG 2019

Date/Time, File Pass to?

26/08/19

1) Type: 4

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

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

180
60
80
18
338

\$ 750/- 45



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
3 Anson Road #28-01 Springleaf Tower  
Singapore 079909  
Tel (65) 6222 7733  
Fax (65) 6327 3869 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 197100152R

To :	ComfortDelgro Engineering Pte Ltd Attn: Jumani Bin Masudin	Fax : 65468156
From :	Jenny Lew	Fax : 63273869
Date :	22.8.2019	Our ref: YM7459A (DHOM110164761800) Yr ref : SHC8665T

## FACSIMILE MESSAGE

WITHOUT PREJUDICE

**REQUEST FOR PRE-REPAIR SURVEY – SHC8665T  
ACCIDENT INVOLVING YM7459A AND SHC8665T ON 20.8.2019**

We refer to your letter dated 21.8.2019.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case you have proposed to appoint M/s LKK Auto Consultants Pte Ltd from our list, to conduct the pre-repair survey on without prejudice basis.

Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

Please seek your client's instruction for the repair after the inspection has been completed and inform our Surveyors to carry out a Post-Repair Inspection.

We reserve all our rights in this matter.

Thank you.

Regards

  
Jenny Lew  
Claims Dept

cc. LKK Auto Consultants Pte Ltd  
Fax: 62564315  
Attn : Shiau Chan

For your immediate attention.  
fy

## 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	21/08/2019 07:38
Date Of Accident	20/08/2019 15:25
Exact Location Of Accident	ALONG UPPER CHANGI NORTH RD TOWARDS BEDOK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8665T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
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	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	TAN KOK WAH
NRIC No	S6937692D
Date Of Birth	01/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1993
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81288926
Fax Number	
Contact Number	
Email Address	TANWAH4@GMAIL.COM

Address	17 12-81 GHIM MOH ROAD
Postcode	270017
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 - HEAD TO REAR
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?	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?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM7459A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUTHUKANNU KANNATHASAN
NRIC/Passport Number	G2081643R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

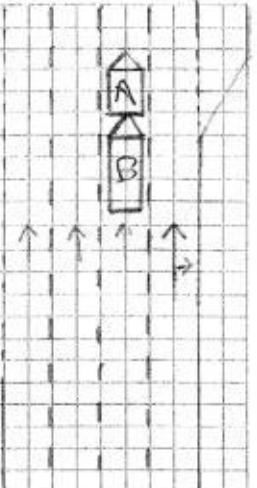
Name	PAX
Approximate Age	
Injuries Sustain	NOT FELLING WELL
Injured person in which vehicle?	SHC8665T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

A = SHC 866ST  
 B = YM #459A  
 (MIRZAHISHTI)

BEDOK ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

UPPER CHANGI  
 NORTH ROAD

Statements as per attached.

DECLARATION

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

REPORTING CENTRE PERSONNEL PTE. LTD.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wong

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20 AUG 2019

**Describe Circumstances of the Accident.**

On the 20/08/2019 @ about 15:25hrs, I was driving along Upper Changi North Rd towards Bedok Rd direction with 01 female on board my taxi.

All the vehicle stop before the traffic light junction and I slow down and stop as well. Then a few seconds later, there's an impact from behind my taxi. I step out to checked and found Out a Lorry of YM7459A front portion had collided onto my rear portion of my taxi.

My passenger was feeling not well after the impact.

## Declaration

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

INTERNATIONAL TRANSPORTATION PI

Policyholder's Signature/Date &  
Time

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

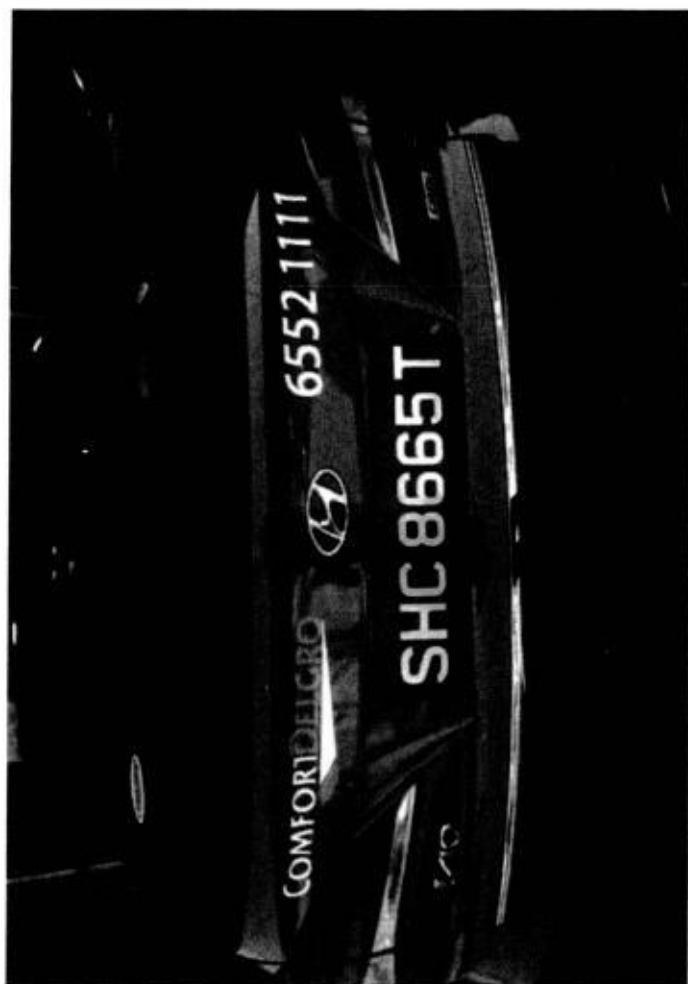
Olivia Weller

Witnessed by Reporting  
Centre Personnel

20 AUG 2019

98125-2007









MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
3 Anson Road #28-01 Springleaf Tower  
Singapore 079909  
Tel (65) 6222 7733  
Fax (65) 6327 3869 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 197100152R

To :	ComfortDelgro Engineering Pte Ltd Attn: Jumani Bin Masudin	Fax : 65468156
From :	Jenny Lew	Fax : 63273869
Date :	22.8.2019	Our ref: YM7459A (DHOM110164761800) Yr ref : SHC8665T

## FACSIMILE MESSAGE

WITHOUT PREJUDICE

**REQUEST FOR PRE-REPAIR SURVEY – SHC8665T**  
**ACCIDENT INVOLVING YM7459A AND SHC8665T ON 20.8.2019**

We refer to your letter dated 21.8.2019.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case you have proposed to appoint M/s LKK Auto Consultants Pte Ltd from our list, to conduct the pre-repair survey on without prejudice basis.

Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

Please seek your client's instruction for the repair after the inspection has been completed and inform our Surveyors to carry out a Post-Repair Inspection.

We reserve all our rights in this matter.

Thank you.

Regards

Jenny Lew  
Claims Dept

cc. LKK Auto Consultants Pte Ltd  
Fax: 62564315  
Attn : Shiau Chan

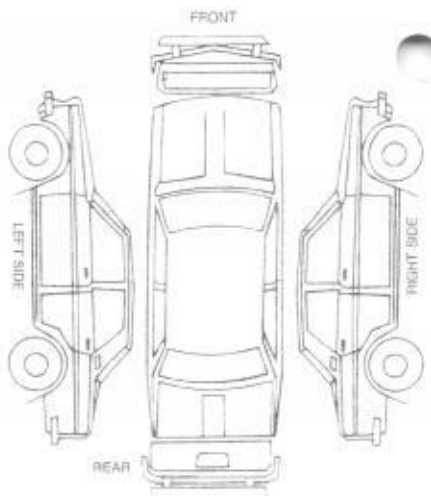
For your immediate attention.  
fy

Team: ARC Repair TP(CLS0)1      **JOB CARD**      Sales Order:      JC NO.: 305326371

TOMER  AS TOMER NO. RESS  (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SHC8665T	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 20.08.2019 15:55
		YR OF MANU 17.03.2016	TARGET DATE
		CHASSIS CODE RMHLB41UMGU085769	COMPLETION DATE/TIME:
OUNT CARD NO.			

Accident Date: 20.08.2019  
NATURE: 3P 20.08.19

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

CKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR      CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.: SHC8665T	JU UOI	Vehicle No.: SHC8665T	
Signature/Date	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8665T

DATE 21/8/2019 9:27

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Reinforcement			\$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH)	\$	80.30	\$ 160.60	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Bracket	\$	35.60	\$ 71.20	
	Rear Bumper Sponge			\$ 103.50	
	Rear Bumper Under Cover			\$ 228.00	
	Rear Bumper Reflector Lamp (RH)			\$ 30.60	
	<b>SUB TOTAL</b>			<b>\$ 1,597.30</b>	
	<b>LESS 20%</b>			<b>\$ 319.46</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,277.84</b>	
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				<b>\$ 185.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>400.00</del> 200	
	Spray Painting Charge			\$ <del>300.00</del> 200	
	Wiring Charge			\$ <del>50.00</del> 20	
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> 30	
	<b>TOTAL LABOUR</b>			<b>\$ 830.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,293.54</b>	
<p>Kaluz 100%</p> <p>22/8/19 1230hrs.</p> <p>2 Days</p> <p>U/S</p> <p>After Repair</p>					
<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>					

Our Job Ref No 305326371

Date : 23/08/2019

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

To : LKK

Fax :

Attn : KALVIN

: SHC8665T

Date of Accident : 20/08/2019

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

1. The repair job shall bill to: UOI --- YM 7459A  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges ###
  - Total for Part-By-Part Repair Cost**
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% **\$750.00**  
**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 amountSignature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 23/8/19

**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

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI19014755/K1sf3n2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 03-09-2019	
			Code : UOI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	YM 7459A	Veh. Inspected	SHC 8665T	
Policy No.		Coverage (\$)	0.00	
Claim No.	DHOM110164761800	Excess (\$)	0.00	
Assign From	JENNY LOW	Assign Date	22/08/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU085769	Colour	BLUE	
Odometer	552885	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	20/08/2019	Inspection Date	22/08/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>		





# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8665T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @ \$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
1	REAR BUMPER REFLECTOR LAMP (RH)	SERVICEABLE	30.60	-
	LESS 20% DISCOUNT		-319.46	-115.00
			1,277.84	460.00
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			830.00	430.00
<b>GRAND TOTAL</b>			<b>2,293.54</b>	<b>940.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>750.00</b>

Report Ref No. CS/UO19014755/K1sf3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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