

22/03/2002

ASS. REC. BY:

REF: CS/CTI19015154/ktf3n2

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Tan Kah Leong of C12 Date/Time: 28.8.19 12.30p.m.

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLM 5570C Insured: SJY 2051P

at Workshop m/s Comfortdign Tel: 63838115

205 Braddell Road

Policy No: DMP/CSN 30411419000 Claim No: SNM19070946102

Sum Insured: Excess:

Make of Veh: D.O.A. 21.8.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 28.8.19 Person Contacted: William Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLM 5570C - C3/LCP13002762/EIPG262 DOA - 08/02/2018
	SJY 2051P. NA/TM11600257/02 DOA - 08/02/2016
12/9	85787.52 Confirmed Andrew (Red: 5484.52; 2135.08; 26%)

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

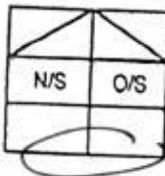
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLN 55700 Yr Regn: 03, 17

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

Truck / Trailer or

Make: Honda Grace c.c. 1498

Colour: A. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 175001 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GM 4 1105493

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F. Firenza 185/60R15

Davanti

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 21/8/19

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 28/8/19

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / File pass to

RECEIVED 12 SEP 2019

Date/Time, File Pass to?

☐ : Prell. Report

1) 12/9/2019

☒ : Final Report

Date/Time, File Return to?

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Fixing

Others

TOTAL

220

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format: TP

Lump Sum / I.B.I. (\$) 5787.52

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Aug 2019		28 Aug 2019 12:30 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:									
Main Claimant:		LCRF PTE LTD							
Vehicle Reg. No.:		SLM5570C	Date of Loss:	21/08/2019 22:00 - :59					
Claim Type:		TP / SNM19D203946C02	Policy/Cover Note No.:	DMPCSN30411419000					
Vehicle Reg. No. (Insured):		SJY2051P	Policy No. (Claimant):						
		Excess:	S\$0.00						
Repairer:		Comfortdelgro Engineering Pte Ltd (HQ) 205 BRADDELL ROAD, 579701 Braddell - Tel:							
Handling Insurer:		China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Tan Kah Leong - 63896193]							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/09/2019]							
Adj Asg. Remarks:		PLEASE SURVEY AND REVERT							
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	27/08/2019 11:31
Date Of Accident	21/08/2019 22:00
Exact Location Of Accident	ALONG YISHUN AVE 11 (JUNCTION YISHUN RING RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5570C
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584769

Vehicle Particulars

Manufacturer	HONDA
Model	GRACE HYBRID-1.5 (A)
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	LIM HAI HENG
NRIC No	S1208494C
Date Of Birth	30/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1980
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98737556
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 660 JALAN TENAGA #13-128
Postcode	410660
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	GEYLANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED CASH WITH RECOVERY

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	SJY2051P
Vehicle Make/Model/Colour	MITSUBISHI (BLUE)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TZE HOON
NRIC/Passport Number	
Contact Number	90031130
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM HAI HENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLM5570C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLANIMPORTANT 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.

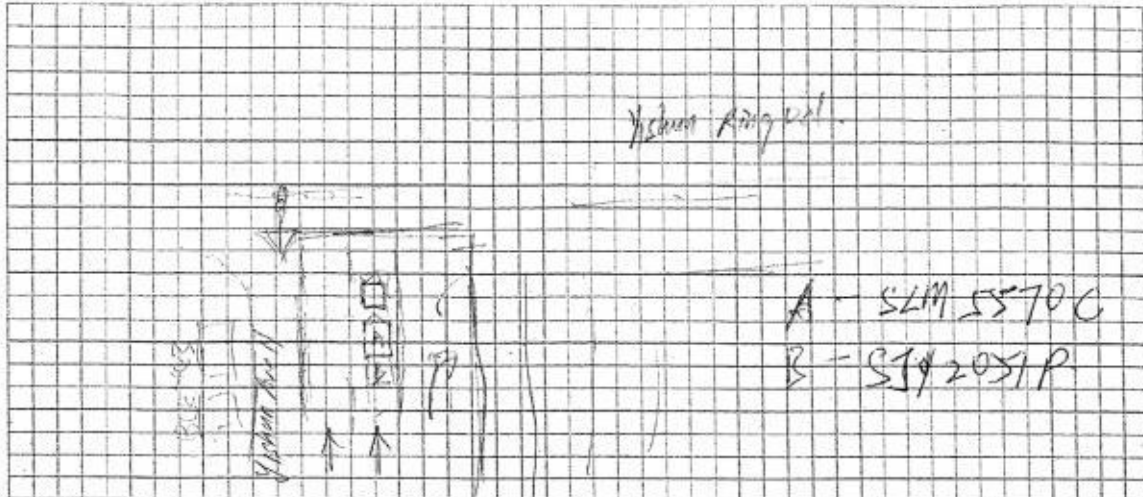


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report NO. T/20190226/2141

DECLARATION

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



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.:



**SINGAPORE
POLICE FORCE**



T/20190826/2141

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20190826/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2019 17:11		Vide Report No.:		Station Diary No.: 107
Informant's Particulars				
Name of Informant: LIM HAI HENG		Address: APT BLK 660 JALAN TENAGA #13-128 SINGAPORE 410660		
ID Type / ID No.: NRIC NO / S1208494C		Contact No.: Home/Office: Mobile: 98737556		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 30/07/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/08/2019 22:00	Type of Location:
Location: Along Road 1 YISHUN AVENUE 11				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY2051P	Car				Slightly Damaged	0
SLM5570C	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20190826/2141

2 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20190826/2141

CONTINUATION OF REPORT

Driver			
Name	LIM TZE HOON	ID No.	NIL
Related Vehicle	SJY2051P (Car)	Contact No.	90031130
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
Driver			
Name	LIM HAI HENG	ID No.	S1208494C
Related Vehicle	SLM5570C (Car)	Contact No.	98737556
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/08/2019	Date Discharge	26/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 21/08/2019 at about 10pm, while I was driving along Yishun Avenue 11 and came to a stop at the junction as the light was showing red. There was a vehicle in front of me and we were stationary suddenly one vehicle hit me from the rear. I was in a shock and I exited the vehicle and spoke to the driver. We then moved our vehicles to the nearest carpark and exchanged particulars and took photos of the damages and both of us left.

While I was at home, I felt numb throughout the left side of my body as such, I decided to go for a checkup and took the taxi to Changi General Hospital and I was admitted for five days from 22/08/2019 to 26/08/2019.

My vehicle sustained damages on my boot as my boot and bumper was dented badly.



SINGAPORE
POLICE FORCE



T/20190826/2141

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20190826/2141

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:

G /

Sgt 3 MUHAMMAD NASRUL AMIRUDDIN BIN
SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

26/08/2019 17:11

Classification Of Case:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP

FORM MX1 H

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 19-MK000194-R00 (Private Motor Car)

- | | | |
|---|----------------|-------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLM5570C | Chassis No.: GM41105493 |
| 2. Name of Policyholder | LCRF PTE. LTD. | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 25/02/2019 | |
| 4. Date of Expiry of Insurance | 24/02/2020 | |
| 5. Persons or Class of Persons entitled to drive* | | |
| Any person who is driving on the Policyholder's order or with their permission.
The hirer.
Any other person who is driving on the hirer's order or with his/ their permission. | | |
| * Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage. | | |
| 6. Limitations as to use* | | |
| Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
The Policy does not cover:-
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. | | |

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2960DDZ

Insurance Plan:	Third Party Cover Only
Financial Interest:	UNITED OVERSEAS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATE

Our Ref:

Type of Claim : TPVehicle No. : SLM5570CMake & Model : HONDA GRACE HYBRIDYear of Manufacture : 2016Chassis No. : GM41105493Ins Company : TM / CHINA TAIPING

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 21/08/2019

Time of Accident : _____

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair EstimateCase Owner : Andrew

Signature : _____

Parts (a) Cost / List Price Items \$ 5,034.50

Contact No

Frt Counter Operation

6383 7466 - Patrick Tia

6383 7730 - Brenda Ng

6383 7890 - Rohani

braddell_cr@sparkcarcare.com

Plus/Less 20% \$ 1,006.90Total of Cost / List \$ 4,027.60(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ 265.00**Workshop Operation**

63837656 - Ngo Toh Wee

63837362 - Andrew Goh

63838115 - William Wang

braddell_operation@sparkcarcare.com

Total Parts Cost (Appendix A) \$ 4,292.60Labour (Appendix B) \$ 3,630.00Total Repair Cost \$ 7,922.60

The above total will be subjected to 7% G.S.T.

Not Authorized
Runway B4 print

Name of Surveyor : KennethCompany : CKKSurvey conducted on : 28/8/19 at _____**Remarks By Surveyor**(a) The repair of this vehicle is authorized / is not authorized until further notice.(b) Recommended Days of Repair : 07 day(s)(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : Le Date: 28/8/19

Spark Car Care
ComfortDelGro Engineering Pte Ltd
 205 Braddell Road S (579701)
 Tel: 63837168 / 63837466 Fax: 62844284, 62815767

Spare Parts

Vehicle No : SLM5570C Case Owner : Andrew

Make & Model : HONDA GRACE HYBRID Year Manufacture : 2016

Chassis No : GM41105493 Engine No : 0

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/N	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition B Surveyor
1	Rear number plate with casing	1			<i>Pn</i>	\$ 45.00	X
2	Rear bumper	1	<i>Ry</i>	\$ 937.20			✓
3	Rear bumper reflector LH	1	<i>Sn</i>	\$ 30.00			X
4	Rear bumper reflector RH	1	<i>CRH Sn</i>	\$ 30.00	<i>Sn X</i>		X <i>new</i>
5	Rear bumper side retainer LH	1	<i>Pn</i>	\$ 13.90			X
6	Rear bumper side retainer RH	<i>Dis</i> 1	<i>Ac Ry</i>	\$ 13.90			X <i>new</i>
7	Rear bumper clips	10	<i>Rn</i>	\$ 39.00			✓
8	Bootlid	1	<i>Ry</i>	\$ 675.20			—
9	Bootlid spoiler	1	<i>Sn</i>	\$ 400.20			X
10	Bootlid chrome moulding	1	<i>Ry</i>	\$ 165.00			X
11	Bootlid chrome moulding clips	5	<i>Rn</i>	\$ 21.50			X
12	Bootlid emblem GRACE	1	<i>Rn</i>	\$ 45.00			—
13	Bootlid emblem HYBRID	1	<i>Rn</i>	\$ 58.00			—
14	Bootlid emblem logo H	1	<i>Rn</i>	\$ 27.40			—
15	Bootlid lock	1	<i>R</i>	\$ 90.30			X
16	Bootlid weatherstrip	1	<i>Dis / Rn</i>	\$ 71.60			✓
17	Bootlid hinge LH	1	<i>R</i>	\$ 68.50			X
18	Bootlid hinge RH	1	<i>R</i>	\$ 68.50			X
19	Bootlid inner trim	1	<i>Rc / Rn</i>	\$ 99.70			✓
20	Bootlid lamp LH	1	<i>CRy</i>	\$ 306.70			—
21	Bootlid lamp RH	1	<i>CRy</i>	\$ 306.70			—
22	Taillamp LH	1	<i>CRy</i>	\$ 381.70			—
23	Taillamp RH	1	<i>CRy</i>	\$ 381.70			—
24	Taillamp side clips (blue)	2	<i>Rn</i>	\$ 9.00			✓
25	Rear end panel	1	<i>Ry</i>	\$ 395.20			✓
26	Rear end panel top garnish	1	<i>Rn</i>	\$ 86.40			—
27	Rear cargo tools tray	1	<i>Sn</i>	\$ 168.50			X
28	Rear end panel buzzer	1	<i>Sn</i>	\$ 85.00			X
29	Rear antenna control	1	<i>Sn</i>	\$ 58.70			X
30	Reverse sensor	1	<i>Rn</i>			\$ 220.00	✓

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 63837168 / 63837466 Fax:62844284,62815767

Labour

Vehicle No. :	<u>SLM5570C</u>	Case Owner :	<u>Andrew</u>
Make & Model :	IONDA GRACE HYBRID	Year of Manufacture :	2016

[illegible]

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

Tel: 63837168 / 63837466 Fax:62815767

ComfortDelgro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax:62815767

Finalization Form

Bill To : CHINA TAIPING **Vehicle Number** : SLM5570C
Attn to : LKK - Kenneth **Type Of Claim** : TP

A. Spare parts 3834.40 \$ 3,850.50

F. Total Parts 3287.52 \$ 3,300.40

B. Supplementary \$ -

G. Total Labour \$ 2,500.00

C. Nett Price \$ -

H. Total Repair \$ 5,800.40

D. Supp Nett Price \$ -

I. Excess _____

E. S/Nett \$ 220.00

P/P Total 5,800.40

Total Spare Parts Price	\$	3,850.50
Cost plus / List Down	20%	770.10
Total		3,080.40

Total Nett Price	\$	-
Nett Price Less	\$	-
Total		-

Lump Sum Less _____ \$ -

Lump Sum Rounding _____

Total Finalized \$ 5,800.40

If we DO NOT receive your reply within 2 weeks, we shall treat the above finalized amount as confirmed & co

Remarks : Please confirm and revert by Fax or Email

Date In : _____ **Total Repair Day** _____

Date Survey : _____ **LOU/ Day** _____

Date Out : _____ **Total LOU** _____

Sat/Sun/Ph. : _____ **Rental/Day** _____

Authorized Repair Day 7 **Total Rental** _____

Submitted By / Date : _____ **Confirmed By / Date :** _____

Andrew / 06.09.2019

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/CT119015154/KTF3N2

Date: 17/09/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN30411419000	
Claimant Vehicle No :	SLM5570C	Insured Vehicle No :	SJY2051P	
Date of Loss:	21/08/2019	Nature of Claim:	TP	Claim No: SNM19D203946C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLM5570C	Engine No:	LEB5255508
Make & Model:	HONDA GRACE HYBRID, 1.5 (A)	Chassis No:	GM41105493
Reg. Date:	31/03/2017 (Man. Year: 2016)	Odometer:	175001 km
Colour:	Metallic Silver		
Engine Capacity:	1496 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	185/60R15	Rear Tyre Size:	185/60R15
Front Left Side:	Firenza 7 mm	Rear Left Side:	Davanti 8 mm
Front Right Side:	Firenza 7 mm	Rear Right Side:	Davanti 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,292.60	3,287.52	1,005.08	23.41
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,630.00	2,500.00	1,130.00	31.13
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	7,922.60	5,787.52	2,135.08	26.95
+ GST 7.00/7.00% (S\$)	554.58	405.13	149.45	26.95
Nett Amount (S\$)	8,477.18	6,192.65	2,284.53	26.95

INSPECTION

Date of Assignment:	28/08/2019	
Date Inspected:	28/08/2019	Inspected At: Comfortdelgro Engineering Pte Ltd (HQ) 205 BRADDELL ROAD Singapore 579701
Estimated Period of Repair:	7.0 days	

Adjuster: KENNETH KONG

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

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 17 Sep 2019)
Parts: 143	HONDA GRACE HYBRID 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SLM5570C)	
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	Bent	937.20 FL	*937.20 FL
2	1		*REAR BUMPER REFLECTOR LH	Serviceable	30.00 FL	*- FL
3	1		*REAR BUMPER REFLECTOR RH	Serviceable	30.00 FL	*- FL
4	1		*REAR BUMPER SIDE RETAINER LH	Serviceable	13.90 FL	*- FL
5	1		*REAR BUMPER SIDE RETAINER RH	Distorted	13.90 FL	*13.90 FL
6	10		*REAR BUMPER CLIPS	Necessary	39.00 FL	*39.00 FL
7	1		*BOOTLID	Bent	675.20 FL	*675.20 FL
8	1		*BOOTLID SPOILER	Serviceable	400.20 FL	*- FL
9	1		*BOOTLID CHROME MOULDING	Not Necessary	165.00 FL	*- FL
10	5		*BOOTLID CHROME MOULDING CLIPS	Not Necessary	21.50 FL	*- FL
11	1		*BOOTLID EMBLEM GRACE	Necessary	45.00 FL	*45.00 FL
12	1		*BOOTLID EMBLEM HYBRID	Necessary	58.00 FL	*58.00 FL
13	1		*BOOTLID EMBLEM LOGO H	Necessary	27.40 FL	*27.40 FL
14	1		*BOOTLID LOCK	Repair	90.30 FL	*- FL
15	1		*BOOTLID WEATHERSTRIP	Distorted/Cut	71.60 FL	*71.60 FL
16	1		*BOOTLID HINGE LH	Repair	68.50 FL	*- FL
17	1		*BOOTLID HINGE RH	Repair	68.50 FL	*- FL
18	1		*BOOTLID INNER TRIM	Deformed	99.70 FL	*99.70 FL
19	1		*BOOTLID LAMP LH	Cracked	306.70 FL	*306.70 FL
20	1		*BOOTLID LAMP RH	Cracked	306.70 FL	*306.70 FL
21	1		*TAILLAMP LH	Cracked	381.70 FL	*381.70 FL
22	1		*TAILLAMP RH	Cracked	381.70 FL	*381.70 FL
23	2		*TAILLAMP SIDE CLIPS (BLUE)	Bent	9.00 FL	*9.00 FL
24	1		*REAR END PANEL	Bent	395.20 FL	*395.20 FL
25	1		*REAR END PANEL TOP GARNISH	Dented	86.40 FL	*86.40 FL
26	1		*REAR CARGO TOOLS TRAY	Serviceable	168.50 FL	*- FL
27	1		*REAR END PANEL BUZZER	Serviceable	85.00 FL	*- FL
28	1		*REAR ANTENNA CONTROL	Serviceable	58.70 FL	*- FL
29	1		*REAR NUMBER PLATE WITH CASING	Serviceable	45.00 FS	*- FS
30	1		*REVERSE SENSOR	Dented	220.00 FS	*220.00 FS

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

Sub Total (\$\$)	5,299.50	4,054.40
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,006.90	766.88
Total Parts (\$\$)	4,292.60	3,287.52

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO TRANSFER BOOTLID PARTS AND MECHANISMS TO NEW BOOTLID	New	250.00	100.00
2	LABOR CHARGES TO REPAIR,PANEL BEAT AND REPLACE REAR DAMAGED PARTS AND AFFECTED AREAS	New	1,440.00	960.00
3	TO CHECK WIRING FUNCTIONS	New	120.00	30.00
4	TO INSTALL REVERSE SENSOR	New	120.00	80.00
5	TO PUTTY AND SPRAY PAINT REAR BUMPER,BOOTLID,LH REAR FENDER,RH REAR FENDER,REAR END PANEL AND AFFECTED AREAS	New	1,500.00	1,250.00
6	TO APPLY RUST PROOFING ON REPAIR AND REPLACE PANELS	New	200.00	80.00
Gross Labour Cost (\$\$)			3,630.00	2,500.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >