

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

To: Tokio Marine Insurance Singapore Ltd
20 McCallum Street
#09-01 Tokio Marine Centre
Singapore 069046

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Ng Kwai Kay Francis

Date: 29 Aug 2019

Preliminary Advice

Insured Vehicle No	: SJN6386E	Accident Date	: 27/08/2019
TP Vehicle No	: SHD6827B	Assignment Date	: 29/08/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 3
Date of Inspection	: 28/8/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	5,182.00
Revised Amount	:S\$	4,882.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	4,882.00

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

() The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.

() The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

(X) Other comments :The above survey was conducted on a 'Without Prejudice' basis.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 29 August 2019 9:52 AM
To: motorclaims@tokiomarine.com.sg; SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD , DOA: 27/8/2019, SHD 6827B (TP VEHICLE), SJN 6386E (OI VEHICLE)
Attachments: EST.pdf; GIA.pdf; POLICE REPORT.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 6827B at M/s: COMFORTDEGLRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 28/8/2019

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

Kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler **on behalf of Yvonne**

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	28/08/2019 08:55
Date Of Accident	27/08/2019 13:30
Exact Location Of Accident	LORONG CHUAN T JUNCTION GARDIFF GROVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6827B
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

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

Driver

Name of Driver	ONG CHIN SIONG
NRIC No	S1464515B
Date Of Birth	13/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1982
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81381040
Fax Number	
Contact Number	
EEmail Address	ALBERT_OCS@YAHOO.COM.SG

Address	BLK 519 BEDOK NORTH AVENUE 1 #03-406
Postcode	460519
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 ON COLLISION
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190827/2115 / 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	SJN6386E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG FONG CHEW
NRIC/Passport Number	S1836395Z
Contact Number	97472365
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

LEONG CHOON LAN

Approximate Age

Injuries Sustain

BACK , NECK LEG AND SHOULDER PAIN. ON 3 DAYS MC.

Injured person in which vehicle?

SHD6827B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

ONG CHIN SIONG

Approximate Age

Injuries Sustain

NUMBNESS ON RIGHT LEG. ON 3 DAYS MC.

Injured person in which vehicle?

SHD6827B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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. 109303821R

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.:

SAIBAC SketchPlanForm_V3



SKETCH PLAN

Sketch attack
By driver

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police
Report: T/20190827/2115

DECLARATION

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

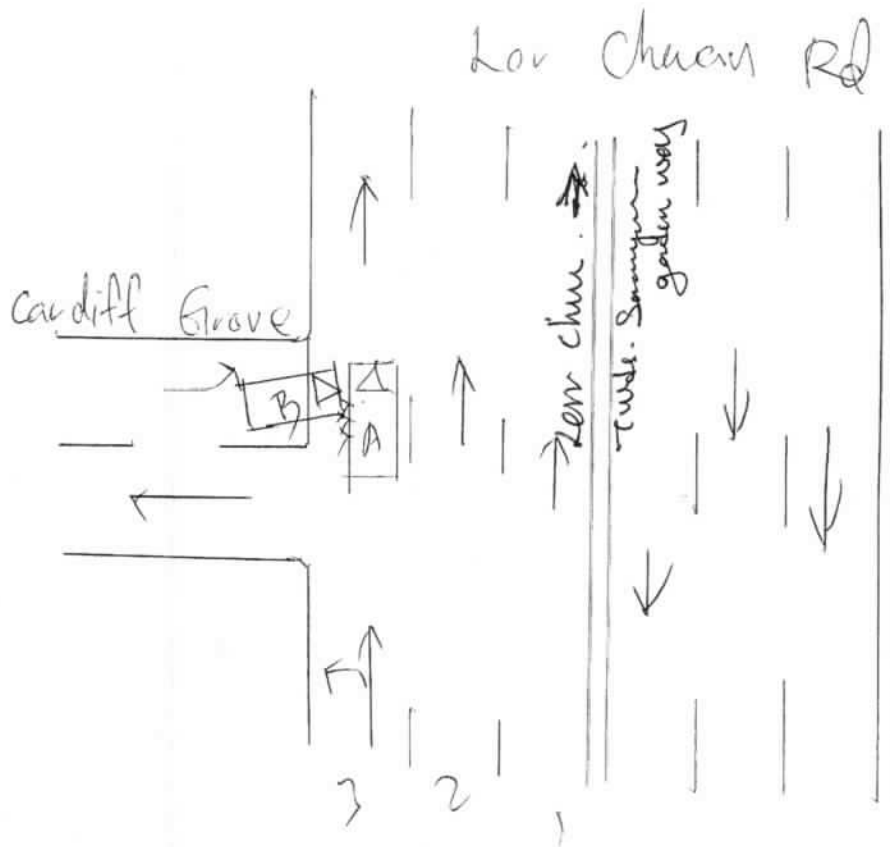
COMFORT TRANSPORTATION PTY LTD
CO REG. NO: 19030362114

Policyholder's Signature
Date & Time:

CIARMC SketchPlanForm_V01

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

27/8/19
[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



A: SKD-6827-B

B: SJN-6386-E



**SINGAPORE
POLICE FORCE**



T/20190827/2115

1 of 4

Report No. T/20190827/2115

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2019 16:16	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: ONG CHIN SIONG			Address: APT BLK 519 BEDOK NORTH AVENUE 1 #03-406 SINGAPORE 460519		
ID Type / ID No.: NRIC NO / S1464515B			Contact No.: Home/Office: Mobile: 81381040		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 13/06/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2019 13:30	Type of Location:
Location: Junction of Road 1 and Road 2 LORONG CHUAN CARDIFF GROVE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6827B	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		1
SJN6386E		HYUNDAI	I30 (FD) 1.6L AUTO ABS AIRBAG 2WD 5DR	Grey		4



**SINGAPORE
POLICE FORCE**



T/20190827/2115

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20190827/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Leong Choon Lan	ID No.	S1693389I
Related Vehicle	SHD6827B (Car)	Contact No.	91098225
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	ONG CHIN SIONG	ID No.	S1464515B
Related Vehicle	SHD6827B (Car)	Contact No.	81381040
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Ong Fong Chew	ID No.	S1836395Z
Related Vehicle	SJN6386E	Contact No.	97472365
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 27/8/2019 at about 1.30pm, I was driving in my taxi (SHD6827B) with my wife along Lorong Chuan. We were driving on the left-most lane, past Cardiff Grove, when a car turning out from Cardiff Grove collided with my taxi. The front of the other car (SJN636E) had collided with the passenger side of my taxi.

At the time, the driver, Mr Ong Fong Chew had about 4 passengers with him at the time. After the collision, I then exchanged particulars with him and carried on with our journey. No parties required immediate medical assistance.



**SINGAPORE
POLICE FORCE**



T/20190827/2115

3 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190827/2115

CONTINUATION OF REPORT

Due to the collision, my wife and I were experiencing pain on our backs, neck, legs and shoulders. My wife was experiencing numbness on her left side, while I had numbness on the right side. We had gone to a doctor at Y M Clinic and Surgery and were given 3 days medical leave for our injuries.

There is a dashboard camera installed in my taxi which had recorded footage of the collision. The footage is kept by comfort delgro taxi.



**SINGAPORE
POLICE FORCE**



T/20190827/2115

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20190827/2115

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 HARIZ SIM JIA JUN BIN MUHAMMAD HAFIZ SIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2019 16:16
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	  SINGAPORE POLICE FORCE SIGNATURE

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305328248

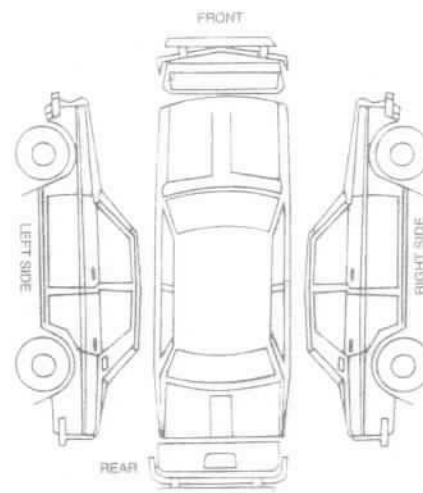
JMER S COMFORT TRANSPORTATION PTE LTD JMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO.: SHD6827B MAKE: HYUNDAI MODEL I-40 YR OF MANU 25.09.2015 CHASSIS CODE KMHLB41UMGU078311	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 27.08.2019 16:55 TARGET DATE COMPLETION DATE/TIME:
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JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 27.08.2019
NATURE: 3P 27.08.19

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SHD6827B

LIMITS

Vehicle No.: SHD6827B

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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)
CTPL

Singapore

PARTICULARS OF CLAIM			
Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	27/08/2019
Vehicle Reg. No.:	SHD6827B	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	25/09/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU695222	Chassis No:	KMHLB41UMGU078311
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair 4 (day)			
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,921.00
Miscellaneous Items	11.00
Labour	1,250.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,182.00
+ GST 7.00% (S\$)	362.74
Nett Amount (S\$)	5,544.74

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 28 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:** ComfortDelGro Engineering Pte Ltd/SHD6827B/28/08/2019 14:30**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		*FRT DOOR LH	20.00	0.00	*2,256.40 FL Bul
2	1		*REAR DOOR LH	20.00	0.00	*2,201.10 FL Bul
3	1		*FRT DOOR COMFORTDELGRO LH	0.00	0.00	*75.00 F neu
4	1		*REAR DOOR APPS LH	0.00	0.00	*80.00 F neu
5	1		*FRT DOOR ADVERTISEMENT STICKER LH	0.00	0.00	*100.00 F neu
6	1		*REAR DOOR ADVERTISEMENT STICKER LH	0.00	0.00	*100.00 F neu

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	4,812.50
- List Item Discount on L Items (S\$)	891.50
Total Parts (S\$)	3,921.00

ComfortDelGro Engineering Pte Ltd/SHD6827B/28/08/2019 14:30. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	280.00 200
2	SPRAY PAINTING	New	650.00 600
3	TUFF KOTE	New	80.00 50
4	TRANSFER OF DOOR	New	240.00 100
Gross Labour Cost (S\$)			1,250.00

ComfortDelGro Engineering Pte Ltd/SHD6827B/28/08/2019 14:30. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING PTE LTD

Date: 28.08.2019

REPAIR ESTIMATE

Tokio Marine (LTS)
LKK - kalvin

Time: 10:21:09

Page: 1

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

JOB NO : 305328248
 REGN NO : SHD6827B
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 25.09.2015
 DATE/TIME IN : 27.08.2019 16:55
 ACCIDENT DATE : 27.08.2019

Tyre: Hankook
 205/60R16

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0593-G FRT DOOR LH 1 2,256.40 20.00 1,805.12

0002 28-01-0103-0003-A Frt Door COMFORTDELGRO LH 1 75.00 75.00

0003 04-01-0103-0596-G REAR DOOR LH 1 2,201.10 20.00 1,760.88

0004 28-01-0103-2013-A Rear Door APPS Sticker LH 1 80.00 80.00

SUB-TOTAL : 3,721.00

JOB NATURE

0000 20-05 Frt Door Adv.Sticker LH 100.00

0001 20-05 Rear Door Adv.Sticker LH 100.00

0002 PB PANEL BEATING 280.00

0003 SP SPRAYPAINT-Rocker Panel Garnish LH 650.00

0004 20-00 TUFF COAT ON AFFECTED PARTS. 80.00

0005 L TRANSFER OF DOORS 240.00

0006 20-05 TP MERIMEN 11.00

REPAIR ESTIMATE

Page: 2

JOB NO	:	305328248
REGN NO	:	SHD6827B
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	25.09.2015
DATE/TIME IN	:	27.08.2019 16:55
ACCIDENT DATE	:	27.08.2019

[illegible]

TOTAL : 5,182.00

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE _____
DATE : _____

Ka/hi 1 (11K)

28/8/19 1120 L

3 days.

2/5

After Repair photo

[illegible]

Acknowledged by Repairer

Signature: _____
Date: _____

Our Job Ref No : 305328248

Date : 30/08/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD6827B

Date of Accident : 27-Aug-19

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

1. The repair job shall bill to: TOKIO MARINE --- SJN6386E

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%

\$3,900.00

Final Lumpsum Repair cost**\$3,900.00**

3. Estimated normal period for repairs: 3 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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 2/9/19

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Aug 2019 14:23 Sendback Est	28 Aug 2019 14:30 S\$5,182.00	29 Aug 2019 09:46 Edit Adj Rpt	S\$3,900.00 Edit Estimates	S\$3,900.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	CTPL, Co. Reg. No.: 199303821R								
Main Claimant:	CTPL, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHD6827B	Date of Loss:	27/08/2019 13:00 - :59 [47 Months and 2 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1906627	Policy/Cover Note No.:	MW007887 (Comprehensive) Coverage: 24/02/2019 - 23/02/2020						
Vehicle Reg. No. (Insured):	SJN6386E	Policy No. (Claimant):							
		Excess:	S\$0.00						
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 Ng Kwai Kay Francis]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 09/09/2019]								
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.									

Claim Documents

SHD6827B (M1906627)
[SJN6386E]
TP
CTPL
Aug 27 2019 1:00PM
[CTPL]
ComfortDelGro Engineering Pte Ltd

Upload Documents		Upload Photos	Compose New Letter	View View in Browser	
Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	28/08/19 14:30	Repairer Estimates		Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	29/08/19 09:47	Accident Statement From: SC - Reg. No: SJN6386E, Claimant: ONG FONG CHEW @ ONG PONG CHEW		Load HTM	
2	29/08/19 13:41	Accident Statement From: SC - Reg. No: SJN6386E, Claimant: ONG FONG CHEW @ ONG PONG CHEW		Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	29/08/19 13:59	Adjuster Immediate Advice		Load HTM	
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
2	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
3	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
4	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
5	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
6	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
7	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
8	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
9	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
10	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
11	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
12	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
13	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
14	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
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18	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
19	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
20	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
21	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
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24	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
25	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
26	30/08/19 09:01	General View		Load JPG	<input checked="" type="checkbox"/>
27	30/08/19 09:45	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
28	30/08/19 09:45	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
29	30/08/19 09:45	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
30	30/08/19 09:45	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
31	30/08/19 09:45	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Braddell)		Thumbnail	Print
1	03/09/19 16:34	LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee		Load PDF	

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	28/08/19 14:31	E-filed GIA report		Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	29/08/19 13:40	marked est		Load PDF	
2	12/09/19 18:00	Letter of Demand from Third Party		Load TIF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/TMI19015236/K1YF3E2

Date: 18/09/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MW007887

Claimant Vehicle No : SHD6827B

Insured Vehicle No : SJN6386E

Date of Loss: 27/08/2019

Nature of Claim: TP

Claim No: M1906627

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD6827B

Make & Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4FDGU695222

Reg. Date: 25/09/2015 (Man. Year: 2015)

Chassis No: KMHLB41UMGU078311

Colour: Blue

Odometer: 423909 km

Engine Capacity: 1685 cc

Market Value/New Car

N/A

Price:

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:	Good

CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 R16

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	3,921.00	3,921.00	0.00	0.00
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,250.00	950.00	300.00	24.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,182.00	4,882.00	300.00	5.79
Approved Total (Overridden) (S\$)		3,900.00		
(S\$)	5,182.00	3,900.00	1,282.00	24.74
+ GST 7.00/7.00% (S\$)	362.74	273.00	89.74	24.74
Nett Amount (S\$)	5,544.74	4,173.00	1,371.74	24.74

INSPECTION

Date of Assignment: 29/08/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 28/08/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: YVONNE WONG YIN 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: 18 Sep 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 SHD6827B)	
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 DOOR LH	Buckled	2,256.40 FL	*2,256.40 FL
2	1		*REAR DOOR LH	Buckled	2,201.10 FL	*2,201.10 FL
3	1		*FRT DOOR COMFORTDELGRO LH	Necessary	75.00 F	*75.00 FS
4	1		*REAR DOOR APPS LH	Necessary	80.00 F	*80.00 FS
5	1		*FRT DOOR ADVERTISEMENT STICKER LH	Necessary	100.00 F	*100.00 FS
6	1		*REAR DOOR ADVERTISEMENT STICKER LH	Necessary	100.00 F	*100.00 FS

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

Sub Total (S\$)	4,812.50	4,812.50
- List Item Discount on L Items 20.00/20.00% (S\$)	891.50	891.50
Total Parts (S\$)	3,921.00	3,921.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	280.00	200.00
2	SPRAY PAINTING	New	650.00	600.00
3	TUFF KOTE	New	80.00	50.00
4	TRANSFER OF DOOR	New	240.00	100.00
Gross Labour Cost (\$\$)			1,250.00	950.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >