

(08/11/13)

Surveyor: KalvinREF: CC3/TMI 19015981/K19f302**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. MK000579Claims No. M1907047

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 Report: _____ Consistent?: Yes or No

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

Est. Repairs: 2 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: SHA 4672J Yr Regn: 29 Dec 2016

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

Truck / Trailer or

Make: Hyundai 2.0 C.C. 1685Colour: Blue/Red A/C: Insured / Std / Nil / NASp. Reading: 395/97 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLPX1NMAH4097710Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 2 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/9/19 D.O.I. 9/9/19Survey held at C/DHE (Loyang)

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

Rear n/s

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

Date / Time	Action / Instruction
	SHA 4672J - CC3 / (TJ18018661/K1) 30312 DOA - 11/10/2018 To Kio
	SL11453A - X PIP
10/9/19 @ 11.14am	Email GIA report & estimate to TMI.
11/9/19	Calculated PIP \$1226.60 / 20%. Ured @ 799.12, 39%.

RECEIVED 12 SEP 2019

Date/Time, File Pass to?

☐

: Prel. Report

1) 11/9/19 transfer☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 250

Transportation: _____

S + RS, SI

Photos

11

261

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 10 September 2019 11:14 AM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 09/09/2019, SHA 4672J (TP VEHICLE), SLJ 1453A (OI VEHICLE)
Attachments: SHA4672 EST.pdf, SHA4672 GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 4672J at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 09/09/2019.

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

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 10th September 2019

Our Ref: CC3/TMI19015981/K1qf3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Attn: Ms Shirley Too

Dear Sirs/Mdm

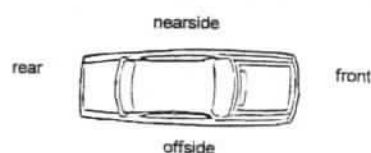
PRELIMINARY ADVICE OF VEHICLE NO. SHA 4672J

Please be informed that we had conducted the inspection of the abovementioned vehicle on 09/09/2019 at the premises of M/s COMFORTDELGRO ENGINEERING and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,025.72</u>
Revised Estimate Amount	: S\$ <u>1,233.00</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages at the rear n/s portion.



Comments/ Present Status:

Damages consistent.

Yours faithfully

KALVIN ANG
Automobile Assessor

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	09/09/2019 12:21
Date Of Accident	09/09/2019 10:20
Exact Location Of Accident	AIRPORT T2 DEPARTURE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4672J
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	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	CHEONG YOCK SENG
NRIC No	S0695141D
Date Of Birth	08/03/1947
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1987
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93699156
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 332 ANG MO KIO AVENUE 1 #09-1887
Postcode	560332
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

REFER ATTACHED

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	SLJ1453A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOE HUAT KIM
NRIC/Passport Number	
Contact Number	93869641
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

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.

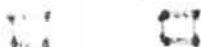
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 196391321R

Policyholder's Signature
Date & Time:

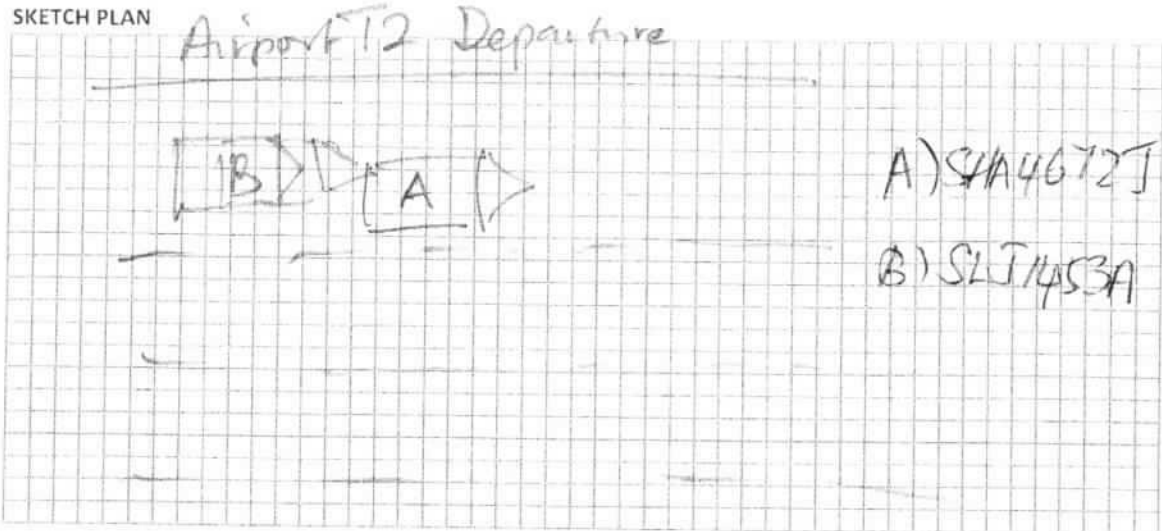
cheong
Driver's Signature
(If driver is not the policyholder)
Date & Time:

SR Moorthy
9/9/15
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIAASC Sketch Plan Form V2



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/9/19 at about 10:30 hrs while I vol A was stationary collecting payment from my passenger, Vol B moved forward and collided onto the left rear portion of my vehicle.

DECLARATION

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

COMPILED: (Handwritten Signature) DATE: 9/9/19
REF: IN 15, NO. 189243621R

Policyholder's Signature
Date & Time:

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

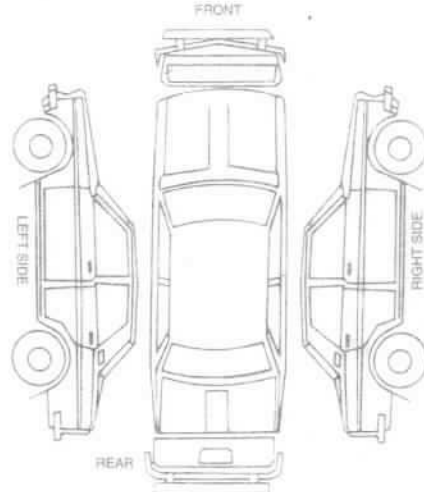
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

(Handwritten Signature)
S R Moorthy
CSO
9/9/19

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305331625
OMER	REGN NO.: SHA4672J	MILEAGE	
S COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL	
OMER NO. 7010045	MODEL I-40	DATE/TIME IN 09.09.2019 11:05	
ESS 383 SIN MING DRIVE	YR OF MANU 29.12.2016	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMHU097710	COMPLETION DATE/TIME:	
65508755 (R) (P)			
UNT CARD NO.			

Accident Date: 09.09.2019
NATURE: 3P 09.09.19

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

LED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Idgement Slip Exit Pass

o.: SHA4672J JU TOKIO LKK Vehicle No.: SHA4672J

Service Advisor Signature/Date Name of Service Advisor Date

igned 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			
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Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	09/09/2019
Vehicle Reg. No.:	SHA4672J	Driveable?	YES
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 GDI (A)	Vehicle Reg. Date:	29/12/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU699788	Chassis No:	KMHLB41UMHU097710
Odometer:	0 KM		

Paint Type:	
List Item Discount:	20.00 %
Total Loss?	NO
Est. Duration of Repair (day)	4

Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)
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COST OF CLAIMS	Amount
Parts	1,134.72
Miscellaneous Items	11.00
Labour	880.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,025.72
+ GST 7.00% (\$\$)	141.80
Nett Amount (\$\$)	2,167.52

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** (Last Synchronised: 09 Sep 2019)**Parts:** N/A HYUNDAI I40 1.7 GDi (A) (Model not available in database)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA4672J/09/09/2019 15:25**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		*REAR BUMPER ASSY <i>Subtotal</i>	20.00	0.00	*553.00 FL
2	10		*REAR BUMPER CLIPS <i>see</i>	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER REINFORCEMENT <i>X see</i>	20.00	0.00	*428.40 FL
4	1		*REAR BUMPER ADVERTISEMENT LOGO <i>see</i>	0.00	0.00	*100.00 F
5	2		*REAR FENDER ADVERTISEMENT LOGO <i>see</i>	0.00	0.00	*200.00 F
6	1		*REAR BUMPER REFLECTOR LH <i>see</i>	0.00	0.00	*32.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	1,335.40
- List Item Discount on L Items (S\$)	200.68
Total Parts (S\$)	1,134.72

ComfortDelGro Engineering Pte Ltd/SHA4672J/09/09/2019 15:25. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

No	Qty	Particulars
----	-----	-------------

Sub Total (S\$)	11.00
-----------------	-------

No Particulars

Gross Labour Cost (S\$)	880.00
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< END OF ESTIMATES >

Kalua 1 (K/K)
 9/9/19 1600h
 2 lgs.
 P/P
 Before Paint photo

Date:

Our Job Ref No 305331625
Date : 11/09/19

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
: SHA4672J Date of Accident : 09/09/19

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


1. The repair job shall bill to: TOKIO --- SLJ1453A
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		\$485.60
(b) Labour Charges	###	\$741.00
Total for Part-By-Part Repair Cost		\$1,226.60
		###
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
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 : 11/9/19

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

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.09.2019

REPAIR ESTIMATE

Time: 17:45:17

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 : 305331625
REGN NO : SHA4672J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 29.12.2016
DATE/TIME IN : 09.09.2019 11:05
ACCIDENT DATE : 09.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002 04-01-0103-0851-G	I40VC REFLECTOR/REFLEX AS	1	32.00	20.00	25.60
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60

SUB-TOTAL : 485.60

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	30.00
0003 L	MERIMEN	11.00
0004 20-05	RENEW ADVERTISMENT STICKER-	300.00

SUB-TOTAL : 741.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.09.2019

REPAIR ESTIMATE

Time: 17:45:17

Page: 2

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

JOB NO : 305331625
REGN NO : SHA4672J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 29.12.2016
DATE/TIME IN : 09.09.2019 11:05
ACCIDENT DATE : 09.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,226.60

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Sep 2019 15:18 Sendback Est	09 Sep 2019 15:25 S\$2,025.72	12 Sep 2019 12:22 Edit Adj Rpt	S\$1,226.60 Edit Estimates	S\$1,226.60 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	LION CITY RENTALS PTE LTD, Co. Reg. No.: 201504621K								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHA4672J	Date of Loss:	09/09/2019 10:00 - :59 [32 Months and 11 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1907047	Policy/Cover Note No.:	MK000579 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLJ1453A	Policy No. (Claimant):							
		Excess:	S\$1,600.00						
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 Clara Milah Yeo]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 23/09/2019]								
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

SHA4672J (M1907047)
[SLJ1453A]
TP
CTPL
Sep 9 2019 10:00AM
[LION CITY RENTALS PTE LTD]
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	09/09/19 15:25	Repairer Estimates		Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	10/09/19 16:23	Accident Statement <small>From: SC - Reg. No: SLJ1453A, Claimant: LION CITY RENTALS PTE LTD</small>		Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
2	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
3	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
4	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
5	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
6	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
7	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
8	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
9	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
10	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
11	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
12	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
13	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
14	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
15	12/09/19 13:27	General View		Load JPG	<input checked="" type="checkbox"/>
16	12/09/19 13:27	Chassis Number		Load JPG	<input checked="" type="checkbox"/>
17	12/09/19 13:27	Odometer Reading		Load JPG	<input checked="" type="checkbox"/>
18	12/09/19 13:27	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
19	12/09/19 13:27	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
20	12/09/19 13:27	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	09/09/19 15:26	E-filed GIA report		Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	12/09/19 12:17	lkk notification to survey cdge-assigned		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<div> Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) </div> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: right; 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/TMI19015981/K1QF3E2

Date: 13/09/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MK000579

Claimant Vehicle No : SHA4672J

Insured Vehicle No : SLJ1453A

Date of Loss: 09/09/2019

Nature of Claim: TP

Claim No: M1907047

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA4672J

Make & Model: HYUNDAI I40, 1.7 GDi (A)

Engine No: D4FDGU699788

Reg. Date: 29/12/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMHU097710

Colour: Blue/Red

Odometer: 395197 km

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	1,134.72	785.60	349.12	30.77
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	880.00	430.00	450.00	51.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,025.72	1,226.60	799.12	39.45
+ GST 7.00/7.00% (S\$)	141.80	85.86	55.94	39.45
Nett Amount (S\$)	2,167.52	1,312.46	855.06	39.45

INSPECTION

Date of Assignment: 12/09/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 09/09/2019 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: SHIAU CHAN

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:		(Last Synchronised: 13 Sep 2019)
Parts:	N/A	HYUNDAI I40 1.7 GDi (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA4672J)	
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 ASSY	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
4	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	100.00 F	*100.00 FS
5	2		*REAR FENDER ADVERTISEMENT LOGO	Necessary	200.00 F	*200.00 FS
6	1		*REAR BUMPER REFLECTOR LH	Cracked	32.00 F	*32.00 FL
					Sub Total (\$\$)	1,335.40 907.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	200.68 121.40
					Total Parts (\$\$)	1,134.72 785.60

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

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 (S\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	400.00	200.00
2	SPRAYPAINT	New	400.00	200.00
3	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			880.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >