

(08/11/13)

Surveyor: Kelvin

REF: CC3/TMJ19015982/Kly f352

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 Report: _____ 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: SHD 6504H Yr Regn: 10 Sep 2014

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 673681 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414ME4059668

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 / 60 R 16

R: _____

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

TOYO / YOKO or Hankook

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 8/9/19 D.O.I. 9/9/19

Survey held at C/DHE (Loyang)

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

o/s Per

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

| Date / Time | Action / Instruction |
|-------------|---|
| | SHD 6504H - CC4 / TMJ19000475 / CA3XX DOA - 0510/2019 Tolko |
| | SLN 90249 - X 41 |
| 10/9/19 | 5:45pm Sent GIA Report / Estimate to Tolko |
| 13/9/19 | Labour p/p \$311 / 20% (Red = 979, 75%) |
| | |
| | |
| | |
| | |
| | |

RECEIVED 18 SEP 2019

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

17/9/19 - Typist

P/P = \$311-00

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee: 250

Transportation: _____

S + RS SI

Photos

Yvonne Wong (LKK Auto)

From: Yvonne Wong (LKK Auto)
Sent: Tuesday, September 10, 2019 5:45 PM
To: 'motorclaims@tokiomarine.com.sg'
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 08/09/2019, SHD 6504H (TP VEHICLE), SLN9024G (OI VEHICLE)
Attachments: SHD6504H DOA 06092019.pdf; shd_6504h_est[1].pdf; shd_6504h_gia[1].pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 6504H 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, Preliminary and estimated cost of repair.

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

Thank you.

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: yvonnewong@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:

Date: 10 Sep 2019

Our Ref: CC3/TMI19015982/K1yf3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Sir/Madam,

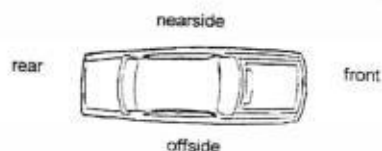
INITIAL INSPECTION REPORT OF VEHICLE NO. SHD6504H.

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 PTE LTD. and have the following to report:-

| | |
|--------------------------|-------------------------|
| Workshop Estimate Amount | : S\$ <u>1,290.00</u> . |
| Revised Estimate Amount | : S\$ <u>311.00</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 o/s rear.



Yours faithfully

KALVIN ANG
Licensed Appraiser

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 11:03 |
| Date Of Accident | 08/09/2019 16:25 |
| Exact Location Of Accident | YISHUN NORTH CITY SOUTH WING DROP OFF POINT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD6504H |
| 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 | CHU WUI SHAN (XU WEIXIAN) |
| NRIC No | S7333399G |
| Date Of Birth | 12/09/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/11/1994 |
| Driving Experience | 24 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97959755 |
| Fax Number | |
| Contact Number | |
| EEmail Address | REON@HOTMAIL.SG |

| | |
|---|---------------------------------|
| Address | BLK 193 RIVERVALE DRIVE #04-781 |
| Postcode | 540193 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - TAXI DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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) | 4 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |
| Passenger 3 | 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

PLS REFER TO 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 | SLN9024G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GARU |
| NRIC/Passport Number | |

| | |
|-------------------------------------|--------------------------------------|
| Contact Number | 90112614 |
| Address | |
| Postcode | |
| Insurance Company Name | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Nature Of Damage | LEFT FRT |
| 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. 199303821R

Policyholder's Signature
Date & Time:

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

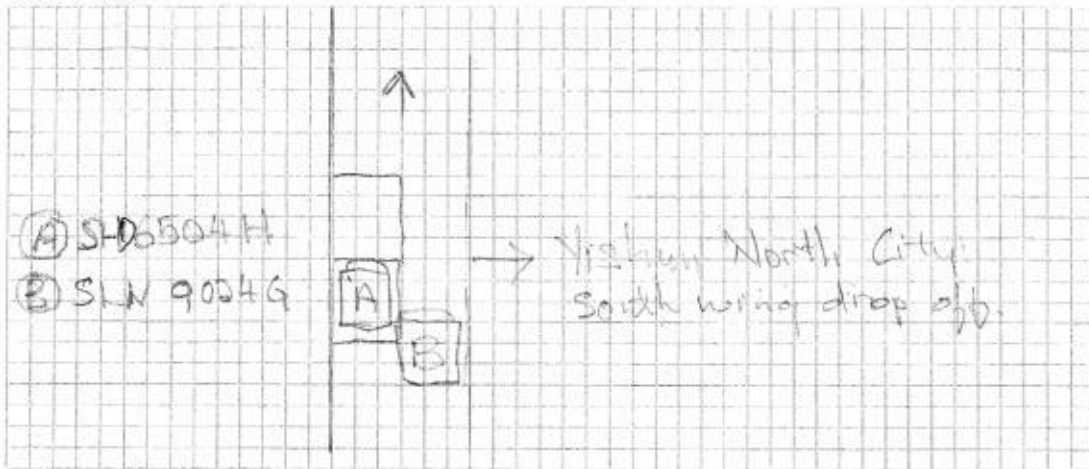
9/9/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/NAIC Form 501/10/19/10/19/10/19



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/9/2019 at about 1625 hrs, I vehicle A was picking up my passenger at Yishun North point Taxi stand. When my passenger on board my taxi I want to move. Suddenly vehicle B came from my right grazed against my taxi right rear portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

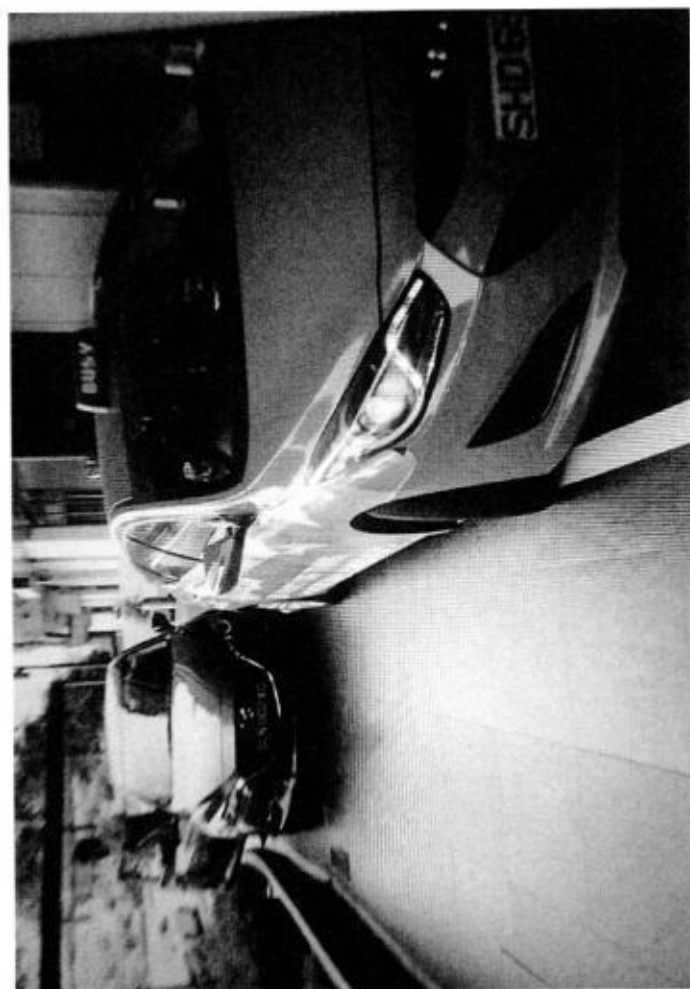
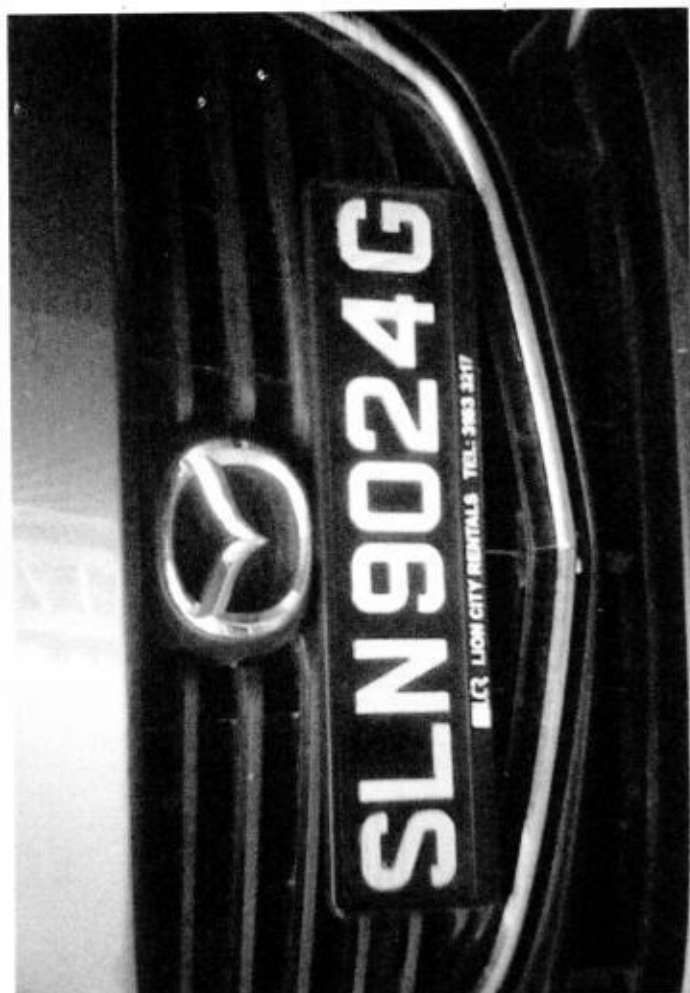
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VIATRIC SECURITY SERVICES LTD

9/9/19

JAGGIRI HIRE
CAR

Jaggesa



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305331624

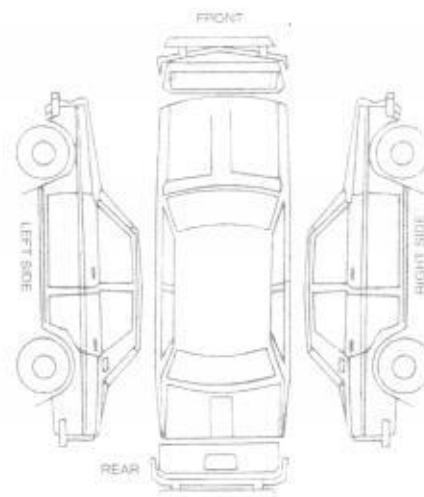
| | | | | | |
|---|--------------------------------|--|--------------|-----------------------|------------------|
| STOMER I/MS STOMER NO. DRESS (R) (P) | COMFORT TRANSPORTATION PTE LTD | | REGN NO.: | SHD6504H | MILEAGE |
| | 7010045 | | MAKE : | HYUNDAI | FUEL |
| | 383 SIN MING DRIVE | | MODEL | I-40 | E.....1/2.....F |
| | Singapore SINGAPORE 575717 | | YR OF MANU | 10.09.2014 | DATE/TIME IN |
| | 65508755 (O) | | CHASSIS CODE | KMHLB41UMEU059668 | 09.09.2019 01:50 |
| COUNT CARD NO. | | | | TARGET DATE | |
| | | | | COMPLETION DATE/TIME: | |

JOB DESCRIPTION

Accident Date: 08.09.2019

NATURE: 3P 08.09.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

Exit Pass

Vehicle No.: SHD6504H CHIANG

Vehicle No.: SHD6504H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305331624

Date : 11/09/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHD6504H

08/09/19

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

Z The repair job shall bill to: TOKIO SLN9024G

2. The finalized amount shall be:

(a) Spare Parts after List discount \$311.00

(b) Labour Charges \$311.00

Total for Part-By-Part Repair Cost

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : KALVIN

Date : 13/9/19

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:

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

JOB NO : 305331624
REGN NO : SHD6504H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.09.2014
DATE/TIME IN : 09.09.2019 01:50
ACCIDENT DATE : 08.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

| | | |
|---------|-------------------|--------|
| 0000 PB | PANEL BEATING | 100.00 |
| 0001 SP | SPRAYPAINT CHARGE | 200.00 |
| 0002 L | MERIMEN FEE | 11.00 |

SUB-TOTAL : 311.00

TOTAL : 311.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
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 | 10 Sep 2019 Sendback Est | 10 Sep 2019 14:21 S\$1,181.00 | 11 Sep 2019 12:11 Edit Adj Rpt | S\$311.00 Edit Estimates | S\$311.00 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.: SHD6504H | | Date of Loss: 08/09/2019 16:00 - :59 [59 Months and 29 Days From LTA Reg Date (Man Yr)] | | | | | | | |
| Claim Type: TP / M1907067 | | Policy/Cover Note No.: MK000572 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020 | | | | | | | |
| Vehicle Reg. No. (Insured): SLN9024G | | 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 20/09/2019] | | | | | | | | | |
| Driver/Custodian (Insured): GURUJEET SINGH SANGHAR (27) , NRIC: S9229032H, Tel: +6590112614 Email: | | | | | | | | | |
| ASSOCIATED MAIL RECEIVED | | | | View All Compose Case Mail | | | | | |
| There are no mail for this case. | | | | | | | | | |
| ALL ASSOCIATED TASKS <input type="checkbox"/> | | | | 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

SHD6504H (M1907067)
[SLN9024G]
TP
CTPL
Sep 8 2019 4:00PM
[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 ▼ | ✓ |
| No | Finalized On | ComfortDelGro Engineering Pte Ltd (Loyang) | Thumbnail | Print |
| 1 | 10/09/19 14:21 | Repairer Estimates | 1 Load HTM | |
| No | Finalized On | Tokio Marine Insurance Singapore Ltd (HQ) | Thumbnail | Print |
| 1 | 11/09/19 11:10 | Accident Statement From:SC - Reg. No: SLN9024G, Claimant: LION CITY RENTALS PTE LTD | 1 Load HTM | |
| 2 | 11/09/19 12:14 | Accident Statement From:SC - Reg. No: SLN9024G, Claimant: LION CITY RENTALS PTE LTD | 1 Load HTM | |
| Photos/Images | | | 3 per page ▼ | ✓ |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 2 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 3 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 4 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 5 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 6 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 7 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 8 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 9 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 10 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 11 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 12 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 13 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 14 | 13/09/19 08:48 | General View | 1 Load JPG | ✓ |
| 15 | 13/09/19 08:51 | Reinspection Photo | 1 Load JPG | ✓ |
| 16 | 13/09/19 08:51 | Reinspection Photo | 1 Load JPG | ✓ |
| 17 | 13/09/19 08:51 | Reinspection Photo | 1 Load JPG | ✓ |
| 18 | 13/09/19 08:51 | Reinspection Photo | 1 Load JPG | ✓ |
| 19 | 13/09/19 08:51 | Reinspection Photo | 1 Load JPG | ✓ |
| Documentation | | | 1 per page ▼ | ✓ |
| No | Finalized On | ComfortDelGro Engineering Pte Ltd (Loyang) | Thumbnail | Print |
| 1 | 10/09/19 14:22 | E-filed GIA report | 1 Load PDF | |
| No | Finalized On | Tokio Marine Insurance Singapore Ltd (HQ) | Thumbnail | Print |
| 1 | 11/09/19 12:12 | lkk notification to survey cde-assigned | 1 Load PDF | |
| 2 | 11/09/19 12:13 | marked est | 1 Load PDF | |
| 3 | 11/09/19 12:13 | lkk revised | 1 Load PDF | |

Documents Checklist

| | | | |
|--|-------|------|-------|
| DOCUMENTS CHECKLIST | Reset | Save | Print |
| There are no document checklists configured. | | | |

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**Show Remarks To:** ☐ Repairer ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/TMI19015982/K1YF3S2
 Date: 18/09/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd Policy No: MK000572
 Claimant Vehicle No: SHD6504H Insured Vehicle No: SLN9024G
 Date of Loss: 08/09/2019 Nature of Claim: TP Claim No: M1907067

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD6504H
 Make & Model: HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A) Engine No: D4FDEU416978
 Reg. Date: 10/09/2014 (Man. Year: 2014) Chassis No: KMHLB41UMEU059668
 Colour: Blue Odometer: 673681 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: 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 | 460.00 | 0.00 | 460.00 | 100.00 |
| Miscellaneous Items | 11.00 | 11.00 | 0.00 | 0.00 |
| Labour | 710.00 | 300.00 | 410.00 | 57.75 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (S\$) | 1,181.00 | 311.00 | 870.00 | 73.67 |
| + GST 7.00/7.00% (S\$) | 82.67 | 21.77 | 60.90 | 73.67 |
| Nett Amount (S\$) | 1,263.67 | 332.77 | 930.90 | 73.67 |

INSPECTION

Date of Assignment: 11/09/2019 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: 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 F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHD6504H)

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 | Repair | 553.00 FL | *- FL |
| 2 | 10 | | *REAR BUMPER CLIP | Not Necessary | 22.00 FL | *- FL |
| | | | | | Sub Total (S\$) | 0.00 |
| | | | | | - List Item Discount on L Items 20.00/20.00% (S\$) | 0.00 |
| | | | | | Total Parts (S\$) | 0.00 |

F=Franchise part, L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

| No | Qty | Particulars | Repairer's | Amount |
|----------------------------|-----|----------------------|------------|--------|
| <u>Miscellaneous Items</u> | | | | |
| 1 | 1 | OD/TP Case (Insurer) | 11.00 | 11.00 |
| Sub Total (S\$) | | | 11.00 | 11.00 |

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-------------------------|-----------------------------|----------|------------|--------|
| <u>Labour Items</u> | | | | |
| 1 | PANEL BEATING | New | 400.00 | 100.00 |
| 2 | SPRAY PAINTING | New | 200.00 | 200.00 |
| 3 | WIRING | New | 50.00 | 0.00 |
| 4 | REMOVE/REFIX REVERSE SENSOR | New | 60.00 | 0.00 |
| Gross Labour Cost (S\$) | | | 710.00 | 300.00 |

| |
|---|
| Report was unsubmitted during this print-out. |
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< END OF ESTIMATES >