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Truck   Trailer or   Make:   Truck   Trailer or   Make:   Truck   Trailer or   Make:	From: Date:	Veh No. SHA 1917 2 VERON 3560 2015
Truck   Trailer or Make:  To inspect Verkicke in No:  at Worksho mis  at Worksho  at Worksho mis  at Worksho	Estimated Cost:	
To inspect vehicle No: at Workstep mis  at Passed Mill All All All All All All All All All	ODITP IWS ITP RES / OD RES / EVA / INV / MV	-
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Eng/No:   C/No:   C/	of	
Color No.  Claims No.  Claims No.  Claims No.  Claims No.  Color of Record   Excess:  Color of Record   Start Record   Start Record   Start of Record   Star	Insured:	
Gen. Cond. Good / Feb / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh:  (Policy Condition)  Remark: The Veh had commenced its repair at the time of inspection.  Sal. or Maket Value:  DAC Accident Rport: Consistent?: Yes or No Sal. or Maket Value:  DAC Accident Rport: Consistent?: Yes or No Sal. or Maket Value:  DAC Accident Rport: Consistent?: Yes or No Sal. or Maket Value:  DAC Accident Rport: Maket Value:  DAC Accident Rport: Consistent?: Yes or No Sal. or Maket Value:  DAC Accident Rport: Maket Value:  DAC J Maket Value:  DAC Accident Rport: Read  DAC J Maket Value:  DAC Accident Rport J Maket Value:  DAC J Maket	Policy No.	
Sum insuse: Excess: Sieering: Inorder Jammed / Leaked / Burnt or Brake: Inorder Jammed / Leaked / Burnt or Modi: Nil / Sirkim / STD Arkim or Tyre Size; F: 2 or / 60 rs 6  Remark: The veh had commenced its repair at the time of inspection.  Sact or Market Value: DAC Accident Rport: Consistent? : Yes or No Side / PR Seen: Consistent? : Yes or No Side / PR Seen: Consistent? : Yes or No Side / PR Seen: Consistent? : Yes or No Side / PR Seen: Market Value: DAC Accident Rport: DAC Ac	Claims No.	
Modi: NII / S/RIm / STD P/RIm or Tyre Size: F: 2 or / 60 / 7 6  Remark: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  DAC A Coldent Rport: Consistent?: Yes or No.  SIAI / PR Seen: Consistent?: Yes or No.  DAL / REP. / 24 HRS  DAL / REP.	Sum Insured: Excess:	
Modi: NII / SIRIM / STD FIRIM or Tyre Size; F: 2-or / 60 RC 6 R:  Remark: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  DAC Acodient Root:  Consistent?: Yes or No  SIA / PR Seen:  Consistent?: Yes or No  SIA / PR Seen:  Consistent?: Yes or No  SIA / PR Seen:  Consistent?: Yes or No  SUMBAL  TOYO / YOKO or  Rear  R/BaL  TOYO / YOKO  REAR  TOYON  TOYO / YOKO  REAR  TOYO  TOYO  TOYO  TOYO  TOYO  TOYO  TOYO	(Client's Record)	·
Tyre Size; F: 2 or 6 o Rt 6   Rear   Rear   Rear   Rear   Rest   Rear	Make of Veh:	
Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair to your pair the time of inspection.  Remark: The veh had commenced its repair to your pair the time of inspection.  Remark: The veh had commenced its repair to your pair the time of inspection.  Remark: The veh vehicle in your pair to your pair to your pair the time of inspection.  Result pair the time of inspection pair to your pair the time of inspection.  Result pair the time of inspection pair to your pair the time of inspection.  Result pair the time of inspection pair to your pair to your pair the time of inspection.  Result pair the time of inspection pair to your pair the time of inspection pair pair to your pair to	•	
repair at the time of inspection.  TOYO / YOKO or Rear  Rear  TOYO / YOKO or  Rear  TOYO / YOKO  TOYO / YOKO	(Policy Condition)	
Ball or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  SIA / PR Seen:  Consistent?: Yes or No  D.O.A. 8/9/19  Survey held at  Consistent Person Contacted:  Person Contacte	Remark: The veh had commenced its   N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC /,OHTSU / PIR / SUMI /
DAC Accident Rport: Consistent?: Yes or No  SIA / PR Seen: Date: Person Contacted: D.O.A. 8/9/19  DO.A. 8/9/19  DO.	repair at the time of inspection.	TOYO/YOKO or Man Kask
SIA / PR Seen: Consistent?: Yes or No  Set. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Des. of Damages: Frt / Rear / QIS / N/S / U/C / Rooftop or  Date / Time Action / Instruction  SHA (172 - CS) MC (1906 106) (170 - 170	Bal. or Market Value:	Front Rear
Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  Survey held at  Des. of Damages: Fit   Rear   9 S   N/S   U/C   Rooftop or  Date:  Person Contacted:  Person Contacted:  Date / Time   Action / Instruction  SHA   AFZ - CS   M/G   Appendix   O+d 2n2   D/A - 15   D/4   2019   To kto  GRA   443 B	IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 3 mm
Survey held at Survey	GIA / PR Seen: Consistent?: Yes or No ,	L/Bal. + mm L/Bal. + mm
Date   REP.   24 HRS  Vehicle: IN/OUT  Date   Time   Action / Instruction  SHA   1972 - CS   MC   1904 10   10   10   10   10   10   10   10	Est. Repairs: days Res.: Yes or No	-11,
Vehicle: IN/OUT  Person Contacted:  Person Contacted:  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to co	Lum Sum: % 3 Val.: Yes or No	Survey held at CIGE (Loyang)
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction   SHA   9172 - (S   M/G   9006916   O+d 3n2   D.(A - 15   D+f   2019   To kto    GBG 9438 - X	CA / REV / REP. / 24 HRS	
Date / Time   Action / Instruction   SHA   19172 - CS   MSG   19006966   Ordan   D. 19   Ordan   D. 19   Ordan   Ordan		
SHA 19172-05 MG 19006916, Ord 302 0.49-15/04/2019 76/60  GBG 9438-X  10 919 Sent GI/A, Estimate to tolcio  3-00pm  6/1/1 Che (US 81-0) 5/2. (Red = 4243-00, 34%)  RECEIVED 1 8 SFP 2019  Taleflime, File Pass to?  : Prell. Report  Days Of Repair: 5  : Final Report  Resurvey No. of Trip:   Survey Fee: 250  Transportation:   Survey Fee: 250  Transportation:   Survey Fee: 250  Interview (\$ ) Photos		The U/C / Chassis frame / Body Structure affected due to collision.
The results of the r		13112 DAN 15/104/2019 Tokin
10 9 19   Sent GIA, Estimate to tolico   3-00 pm     6/4/1   Che (U.J. 8100)   5/7. (Red = 4243-00, 3490)     RECEIVED 1 & SEP 2019     Receive   10   10   10   10   10     Receive   10   10   10   10     Resurvey   10     Resurvey   10   10     Resurvey   10   10     Resurvey   10     Resurvey   10   10     Resurvey   10   10     Resurvey   10     Resurvey   10   10     Resurvey   10     Res		
3-00gm   1/1/1	10/9/19 Sent GIA, Estimate to +	
RECEIVED 1 8 SFP 2019  Pate/Time, File Pass to?  Preli. Report  Days Of Repair:  Resurvey No. of Trip:  Date/Time, File Return to?  Survey Fee:  Transportation:  Transportation:  SHRS_SI  Interview (\$ Photos	3-60gm	
Days Of Repair: 5  Final Report Resurvey No. of Trip: Survey Fee: 790  Transportation:  Tale/Time, File Pass to?  Survey Fee: 790  Transportation:  Transportation:  Survey Fee: 790  Transportation:  Interview (\$ Photos	16/1/19 What US 8100/ 5/75. (R	ed = 4243-00, 34%)
Survey Fee:    Survey Fee:   250	RECEIVED	1 8 SEP 2019
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Add Fee: $\square$ : Site Insp (\$)s+Rssi $\square$ : Interview (\$) Photos		
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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/TMI19015983/K1yf3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Sir/Madam,

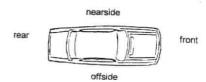
## INITIAL INSPECTION REPORT OF VEHICLE NO. SHA1917Z.

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

Workshop Estimate Amount	: <u>S</u> \$	12,343.00	
Revised Estimate Amount	: S\$	8,393.04	
"Check" Items Amount	: S\$	659.76	
Market Value	: S\$	-	
LTA Reimbursement Value	: S\$	-	
Nett Value	: S\$	-	

Description of Damage:

The vehicle sustained damages
at the n/s body.



Yours faithfully

KALVIN ANG Licensed Appraiser

## Yvonne Wong (LKK Auto)

From:

Yvonne Wong (LKK Auto)

Sent:

Tuesday, September 10, 2019 3:00 PM

To:

motorclaims@tokiomarine.com.sg

Cc:

SUR

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE

LTD, DOA: 08/09/2019, SHA 1917Z (TP VEHICLE), GBG 9438B (OI VEHICLE)

Attachments:

SHA\_1917Z\_ESTIMATE[1].pdf; SHA\_1917Z\_GIA\_REPORT[1].pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 1917Z 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.

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email:  $\underline{yvonnewong@lkkauto.com}$  | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/09/2019 08:36
Date Of Accident	08/09/2019 01:50
Exact Location Of Accident	BUKIT TIMAH RD X CAVENAGH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA1917Z
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	140
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	LUM SOON FOO
NRIC No	S1317318D
Date Of Birth	14/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1980
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97721621
Fax Number	
Contact Number	

NOEMAIL

` Address

BLK 314B ANCHORVALE LINK #15-127

Postcode

542314

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 - CROSS JUNCTION** 

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?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**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 / 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

GBG9438B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

RASU PRABU

NRIC/Passport Number

Contact Number

83540941

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

**FRT LEFT** 

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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:
  - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

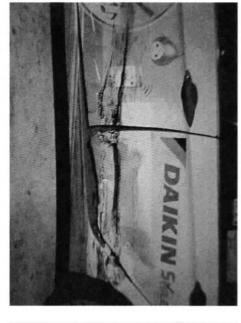
GIARIAC SketchPlanForm\_V3

## Sketch Plan Pg. 2

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Sketch Plan Pg. 3 0 Must buping another CTE Woodland 100 (T) N 7 A'ZONE

Taxi SHA 1917 Z moving on toward Ophire Rd. Taxi (:	Bukit Timah Rd.
Taxi SHA 1917 Z moving on toward Ophire Rd. Taxi (	Bukit Timah Rd.
toward Ophire Rd. Taxi (:	1 Bukit Timah Rd.
toward Ophire Rd. Taxi (:	
TO THE REAL PROPERTY.	250 110000000000000000000000000000000000
into -Cavenagh Rd hit by	Van (Nassen NV200)
	(1,1000)
Silver colour GBG 9438	B. Time of
accident around 1.50am c	08/09/19.
Van Driver Name: Rasu P	Prabu. HP 83540941
Van Passemael No Dome got	UN 90500 AZZIE
Jan Passenger No name got	UD 1020122
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# COMFORTDELGRO ENGINEERING PTE LTE

REPAIR ESTIMATE\*

VEHICLE NO: SHA 1917Z

205/60RIG Hankook

741371

DATE 9/9/2019 12:05

Qty	: SHA 191/Z : HYUNDAI i40  Parts Description/ Labour  Rear Fender (LH)  Rear Fender Inner Lining (LH)	Type	Unit Price		Amount	1
Qty	Parts Description/ Labour  Rear Fender (LH)	Type	Unit Price		Amount	7
	Rear Fender (LH)	Туре	Unit Price		AIIIOIIIII	
	Real Felicer (E11)			\$	2,171.40	4
	Rear Fender Inner Lining (LH)			l	169.30	
	Door Windowson Moulding * M			\$		
ŀ	Rear Windscreen Moulding			\$	28.30	
	Rear Door Goor/Regulator (LH)			\$	2,201.10	
ŀ				\$	242.80	
	Rear Door Power Motor (LH)			\$	158.60	
	Front Door (LH)			\$	2,256.40	
	Front Door Gear / Regulator (LH)			\$	250.60	
	o Mi			\$	172.70	
	Door Centre Pillar Outer (LH)			\$	2,527.80	
	Rocker Panel Outer Garnish (LH)			\$	341.40	
	Rear Wheel Hup-Cap (LH) / hage			\$	107.10	
	SUB TOTAL			\$	10,627.50	1
	LESS 20%			\$	2,125.50	
	DISCOUNTED TOTAL			\$	8,502.00	1
	Rear Fender Advertisement Logo (LH)  Rear Windscreen Sealant			\$ \$	100.00 46.00	N
1	Rear Door Advertisement Logo (LH)			\$	100.00	
	Rear Door Comfortdelgro & Apps Sticker (LH)	L		\$	80.00	N
	Front Door Coloured Comfort Logo (LH)			\$	75.00	1
- 1	Front Door Advertisement Logo (LH)			\$	100.00	N
- 1				-		
	Kalin UK	(k)		\$	501.00	
	Labour Charge // 9/9/	19 1 -	. /		800	,
	Panel Beating	(1) (3)	10 1/3.	\$	1,200.00	
	Spray Painting Charge	Vags		\$	1,500.00	1
	Tuff Kote	. /		\$	50,00	3
	Remove/Refix Cushion & Upholstery Rear	۶ .		\$	150.00	15
	Remove/Refix Rear Windscreen Glass	Resid	oho	\$	120,00	د†
	Remove/Refix Reverse Sensor	1-7	/	\$	80.00	\
1	Transfer of Door		\$ 80.00	\$	160.00	1
	Rear Wheel Alignment			\$	80.00	×
	Meriman Fee		cc" - "	¥	11-	
ľ	TOTAL LABOUR  Supplementary item(S)		0.000	\$	3,340.00	]
	is subject to final approva	from insurance	Сапрему	Φ.	13 342 00	-
	ESTIMATE TOTAL  Acknowledged by Repairer			\$	12,343.00	4
	Signature:					
	This is an initial estimate based on a visual inspection of th					1

# **OMFORTDELGRO**

member of COMFORTDELGRO

#### ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755 Workshops

Worksnops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sunger Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

Date/Time 0.00 09 309 2019 09:40

Page : 1

JOB CARD Team: ARC Repair TP(CLSO)1 Sales Order: JC NO .: 305331446 REGN NO .: MILEAGE OMER SHA1917Z COMFORT TRANSPORTATION PTE LTD FUEL MAKE: 7010045 HYUNDAI OMERNO. 383 SIN MING DRIVE E.....F DATE/TIME IN 08.09.2019 08:25 MODEL Singapore SINGAPORE 575717 I - 4065508755 YR OF MANU 03.09.2015 (R) TARGET DATE CHASSIS CODE KMHLB41UMGU077245 COMPLETION DATE/TIME: DUNT CARD NO.

JOB DESCRIPTION

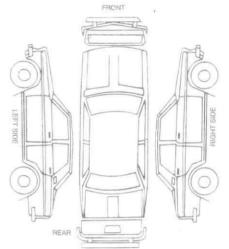
Accident Date: 08.09.2019

NATURE: 3P 08.09.19

S/NO

LABOR CODE

DESCRIPTION



				REAR		
		¥				
KED & PASSED OUT BY:		_				
SERVICE ADVISOR				CUSTOMER	S SIGNATURE	
edgement Slip		* Exit Pass				
SHA1917Z	CHIANG	Vehicle No.:	SHA1917Z			
Service Advisor urned to Service Reception upon coll	Signature/Date ection	Name of Service		Date		

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305331446 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 13/09/19 Date **FINALIZATION FORM** LKK To Fax: Attn : SHA1917Z 08/09/19 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-Z TOKIO GBG9438B The repair job shall bill to: 2. The finalized amount shall be: Spare Parts after List discount (b) Labour Charges Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost \$8,100.00 5 working days. 3. Estimated normal period for repairs: 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: Signature: CHIANG Name Name : 62148314 Date Tel : 65468156 Fax For Official Use Only Document Confirm By Attached Remarks Item Amount (Signature) Yes or No YES 1. Rental Rate P/Day N 2. Loss of Income Paid Survey Fees 4. LTA Search Fee 7.49 5. Medical Fees (on behalf of driver, if applicable) Overrun Remarks:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status	
Main	10 Sep 2019 14:36 Sendback Est	10 Sep 2019 14:54 <b>\$\$12,218.00</b>	10 Sep 2019 18:43 Edit Adj Rpt	S\$8,100.00 Edit Estimates	S\$8,10 View F			Report	ng for Survey
	Main	Refere	ence	Claim Det	ails		Document	s	Show All
	UBFOLDER DETA								
nsured:	CTPL, Co. R	Reg. No.: 19930382	LR						
Main Claimant:	CTPL								
Vehicle Ro No.:	eg. SHA19172	2		Date of I			1:00 - :59 nd <b>5</b> Days Fro	m LTA Reg Date	(Man Yr)]
Claim Typ	re: <b>TP</b> / M1907	7028		Policy/Co Note No.			mprehensive) 10/2018 - 14		
Vehicle Ro No. (Insured)	GBG9438B			Policy No (Claiman					
				Excess:	S\$3,0	00.00			
Repairer:	ComfortDelC	Gro Engineering P	te Ltd (Loyang)	59 Loyang Drive, 5	08969 Loya	ng - Tel:	6214 8300		
Handling Insurer:	Tokio Marin	e Insurance Singa	pore Ltd (HQ) -	Tel: 6221 6111	[Handled by	/ Ngo Sa	u Wei Shaw	n]	
Adjuster:	19/09/2019	onsultants Pte Ltd 9]	(HQ) - Tel: 6256-	3561 [Handled	by KALVIN	ANG W	EI KUN ] [	Final Rpt du	ie
ASSOCI	ATED MAIL RECE	IVED					Vi	ew All Com	pose Case Mail
There are	no mail for this ca	se.							
ALL ASS	SOCIATED TASKS	5E			View Al	I Sea	rch Tasks	Create New Task	Complete
Due Da		Type Task Gro	up Subject	Handler A	ssigned By	Co	ompleted On	Created	On Done

#### **Claim Documents**

SHA1917Z (M1907028) [GBG9438B] TP CTPL Sep 8 2019 1:00AM [CTPL] ComfortDelGro Engineering Pte Ltd

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Merimen e-Claims Page 2 of 2

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No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
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No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	30/09/19 20:00	Letter of Demand from Third Party	0	Load TIF	

## **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/TMI19015983/K1YF3E2

01/10/2019 Date:

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MJ001454

Claimant Vehicle No:

SHA1917Z

Insured Vehicle No:

GBG9438B

Date of Loss:

08/09/2019

Nature of Claim:

TP

Claim No: M1907028

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SHA1917Z

Make & Model:

HYUNDAI 140, 1.7 D CRDI F/L ABS AIRBAG 4DR

Engine No:

D4FDEU496607

Reg. Date:

03/09/2015 (Man. Year: 2015)

Chassis No:

KMHLB41UMGU077245

Colour: **Engine Capacity:**  Blue 1685 cc Odometer:

741371 km

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): Pre-accident Condition:

Yes Good

Handbrake (Serviceable): **CONDITION OF TYRES** 

Yes Engine Modification:

Rear Tyre Size:

No

205/60 R16

Front Tyre Size: Front Left Side:

205/60 R16 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	S	Repairer's	Adjuster's	Difference	Diff %
Parts		8,957.00	8,139.16	817.84	9.13
Miscellaneous Item	s	11.00	11.00	0.00	0.00
Labour		3,250.00	1,980.00	1,270.00	39.08
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Calculated Gross Total (S\$)	12,218.00	10,130.16	2,087.84	17.09
	Approved Total (Overridden) (S\$)		8,100.00		
	(S\$)	12,218.00	8,100.00	4,118.00	33.70
	+ GST 7.00/7.00% (S\$)	855.26	567.00	288.26	33.70
	Nett Amount (S\$)	13,073.26	8,667.00	4,406.26	33.70

INSPECTION

Date of Assignment:

10/09/2019 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:

5.0 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**

Referen	ce			
Part Source: MRM-SG		Version: 1.0 (Last Synchronised: 01 Oct 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 SHA1917Z)			
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 FENDER LH	Buckled	2,171.40 FL	*2,171.40 FL
2	1		*REAR FENDER INNER LINING LH	Serviceable	169.30 FL	*- FL
3	1		*REAR WINDSCREEN MOULDING	Serviceable	28.30 FL	*- FL
4	1		*REAR DOOR LH	Buckled	2,201.10 FL	*2,201.10 FL
5	1		*REAR DOOR GEAR/REGULATOR LH	Serviceable	242.80 FL	*-FL
6	1		*REAR DOOR POWER MOTOR LH	Serviceable	158.60 FL	*- FL
7	1		*FRONT DOOR LH	Buckled	2,256.40 FL	*2,256.40 FL
8	1		*FRONT DOOR GEAR/REGULATOR LH	Serviceable	250.60 FL	*- FL
9	1		*FRONT DOOR POWR MOTOR LH	Serviceable	172.70 FL	*- FL
10	1		*DOOR CENTRE PILLAR OUTER LH	Buckled	2,527.80 FL	*2,527.80 FL
11	1		*ROCKER PANEL OUTER GARNISH LH	Cracked	341.40 FL	*341.40 FL
12	1		*REAR WHEEL HUB CAP LH	Grazed	107.10 FL	*107.10 FL
13	1		*REAR FENDER ADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS
14	1		*REAR DOOR ADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS
15	1		*REAR DOOR COMFORT & APP STICKER LH	Necessary	80.00 FS	*80.00 FS
16	1		*FRONT DOOR COMFORT LOGO LH	Necessary	75.00 FS	*75.00 FS
17	1		*FRONT DOOR ADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS
F=Fra	anchise	part. S=Spcf	Nett. L=ListItemDisc.			
				Sub Total (S\$)	11,082.50	10,060.20
			- List Item Discount on L Items 2	0.00/20.00% (S\$)	2,125.50	1,921.04
				Total Parts (S\$)	8,957.00	8,139.16

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

No	Qty	Particulars		Repairer's	Amount
Mis	cella	neous 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
Lab	our Items			
1	PANEL BEATING	New	1,200.00	800.00
2	SPRAY PAINTING	New	1,500.00	1,000.00
3	TUFF KOTE	New	50.00	30.00
4	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	120.00	50.00
5	REMOVE/REFIX REAR WSCREEN GLASS	New	120.00	0.00
6	REMOVE/REFIX REVERSE SENSOR	New	60.00	0.00
7	TRANFER DOOR PARTS	New	120.00	100.00
8	REAR WHEEL ALIGNMENT	New	80.00	0.00
	Gross La	abour Cost (S\$)	3,250.00	1,980.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >