

INSURANCE

INS. CASE OWNER:

CC 3 / CTI1901 6042, Kleb3/4

LKK-
IDAC

Surveyor:

Kalva

DOI:

ASSIGNMENT

A/A/A

Date / Time:

1/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJX 64705

Claim No.:

SWM17024207

Name of Insured:

Goh Hok Hong

Policy No.:

DMP CSM 11871908

Insured Tel No.:

HP:

Make / Model:

BMW

Excess Sec II :SS

D.O.A.:

7/A/A

Place of Accident:

RIVER VALLEY RD

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(VA: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

SH 8455B



INSRS:
WSP:
Tel:
Liability:
RMKS:

LDGE
M



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st)	
	Non-Reporting Itr (2nd)	
	Non-Reporting Itr (Final)	
	Notification Itr (if non-pickup)	
14-10-19 14:30	Call OI	EMAIL 16-10
	After call Itr to OI	
	Documentation Check List: Handler Typist	
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI	<input checked="" type="checkbox"/>
	Authorisation To Act	<input checked="" type="checkbox"/>
	Release Voucher	<input checked="" type="checkbox"/>
	Final Repair Bill	<input checked="" type="checkbox"/>
	Car Rental Invoice	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA	<input checked="" type="checkbox"/>
	Medical Bill	<input type="checkbox"/>
	PIR	<input type="checkbox"/>
	Mandate/Reject Instruction	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form	<input type="checkbox"/>
	Post-Repair Photos	<input checked="" type="checkbox"/>
	Others	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: *AKK*

Repair Cost: 46 SS1,600 (3 days) Reduction: 50 % Email Call

FINAL SETTLEMENT Date/Time: 13-11-19 Confirm with: OPT Email Call

Final Liability: 100% % 50 (Agreed / Assessed) BOLA S/N No.: NIL If NO or B 25, Ass. Lia:

Repair Cost: ~~1,170.00~~ SS 856.00 *BOTH PARTY TURNING*

Loss of Rental (LOR): 409.33 SS 209.66 (3.5 days) = + 16.95

Loss of Use (LOU): - SS - (5 x days)

Loss of Income (LOI): 175.40 SS 87.70 (50 x 3.5 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search +7.99 SS 7.99

Medical: - SS -

Disbursement: - SS - (e.g. Tow/Independent)

Legal Cost - SS -

Total: + 2,205.00 SS 1,195.65 Global Sum SS: 1,160.00

FINAL PAYMENT Date/Time: 12-11-19 Confirm with: OPT Email Call

Payee 1: SS 1,160.00 Name 1: COMPREHENSIVE ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) SS Name 2:

Payee 3: (Strike if N.A.) SS Name 3:

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Insured 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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH 8455B Yr Regn: 28 Apr 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Z4 c.c. 1685
 Colour: Blue A/C: Ins~~ured~~ / Std / NI / NA
 Sp. Reading: 47205 T/Radio: Ins~~ured~~ / Std / NI / NA
 Eng/No: _____
 C/No: 1KMHLBx16MG40878x2
 Gen. Cond: Good / ~~Fair~~ / Poor / Burnt
 Steering: In~~order~~ / Jammed / Leaked / Burnt or _____
 Brake: In~~order~~ / Jammed / Leaked / Burnt or _____
 Modl: Nil / S/Rim / STD~~R~~Rim or _____
 Tyre Size; F: 205/60R16
 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. 7/9/19 D.O.I. 9/9/19
 Survey held at CPGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
n/s B. by
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>CTZ</u>
	<u>41.</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
\$ + RS \$	
Photos	



Auto
Consultants
Pte Ltd

Company Registration No. 199607188R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/CTI19016042/K1eb3

Date: 10.09.2019

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SH8455B

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned 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>3,175.16</u>
Revised Estimate Amount	: S\$	<u>1,915.00</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
N/S Body



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 3 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

REPAIR ESTIMATE*

VEHICLE NO : SH 8455B

DATE 9/9/2019 10:22

MAKE :

MODEL : HYUNDAI i40

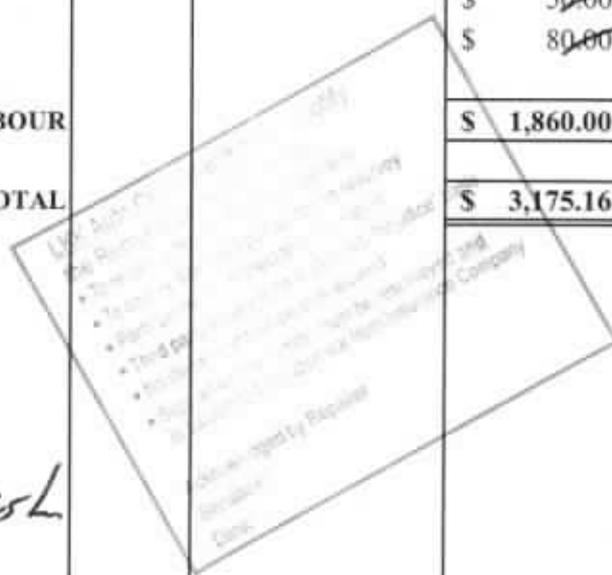
HK/Kawani

Like

CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>cut</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>cut</i>			\$ 22.00
	Rear Bumper Bracket, LH <i>x 1</i>			\$ 35.60
	Front Door Mirror Assy (LH) <i>x repair</i>			\$ 670.00
	Rear Wheel Hup-Cap (LH) <i>cut</i>			\$ 107.10
	Front Door (LH) <i>x repair</i>			
	Rear Door (LH) <i>x repair</i>			
	Roof Rack Panel (LH) <i>x repair</i>			
	Rear Fender (LH) <i>x repair</i>			
	SUB TOTAL			\$ 1,387.70
	LESS 20%			\$ 277.54
	DISCOUNTED TOTAL			\$ 1,110.16
	Rear Bumper Rubber Mat <i>cut</i>			\$ 50.00
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>cut</i>			\$ 80.00
	Front Door Coloured Comfort Logo (LH) <i>cut</i>			\$ 75.00
				\$ 205.00
	Labour Charge			
	Panel Beating			\$ 800.00 <i>400</i>
	Spray Painting Charge			\$ 900.00 <i>850</i>
	Wiring Charge			\$ 30.00 <i>x 2</i>
	Tuff Kote			\$ 50.00 <i>x 2</i>
	Rear Wheel Alignment			\$ 80.00 <i>x 2</i>
	TOTAL LABOUR			\$ 1,860.00
	ESTIMATE TOTAL			\$ 3,175.16

Kahr (KCK)
 9/9/19 1045L
 3 Rep
 45
 After Repair photo



This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Asher

COMFORTDELGRO ENGINEERING

Our Job Ref No 305331449

Date : 14/09/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8158

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHB455B CTPL

09/07/19

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

1. The repair job shall bill to: CHINA --- SJX6470S

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% \$1,600.00

Final Lumpsum Repair cost \$1,600.00

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 amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kalvin

Date : 16/9/19

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. Ovarrun				

Remarks:

Shu Pei (LKKAuto)

From: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Sent: Wednesday, 11 September 2019 3:15 PM
To: Shu Pei (LKKAuto); Asher Sng (LKKAuto); Admin A
Cc: Irene Tay; Alfred Toh; Chee So Chow; Hsiao Tong (LKKAuto)
Subject: RE: OUR REF: SNM19D204267 - SJX6470S-TKL - Direct Settlement - Accident Involving SJX6470S and SH8455B (TP : LKK REF - CC3/CTI19016042/K1eb3) on 07.09.2019
Attachments: REPORT OF SJX6470S.pdf

LKK REF - CC3/CTI19016042/K1eb3
CTPIS REF - SNM19D204267C02/0(tkl)

Dear Asher/Shu Pei

We refer to your email pertaining to the above matter.

Attach herewith Insured's SAS report for your attention and necessary action.

p.s. Kah Leong currently on hospitalization/medical leave.

Best Regards

Alfred Toh
Senior Executive
Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #XX-00 Springleaf Tower Singapore 079909
DID : (65) 6389 6183
FAX: (65) 6224 7478

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

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From: Claims Dept of CTI
Sent: Wednesday, 11 September, 2019 1:45 PM
To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; Irene Tay <irene.tay@sg.cntaiping.com>; Shu Pei (LKKAuto) <shupeil@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Subject: OUR REF: SNM19D204267 - SJX6470S-TKL - Direct Settlement - Accident Involving SJX6470S (OI : CTI - TBA) and SH8455B (TP : LKK REF - CC3/CTI19016042/K1eb3) on 07.09.2019

Dear Irene,

Please assist LKK.

Note : officer in charge – Kah Leong.

Regards,



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC3/CTI19016042/K1eb3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 18-11-2019	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJX 6470S	Veh. Inspected	SH 8455B
Policy No.	DMPCSN1118131908	Coverage (\$)	0.00
Claim No.	SNM19D204267	Excess (\$)	0.00
Assign From		Assign Date	09/09/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087842	Colour	BLUE
Odometer	472225	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	07/09/2019	Inspection Date	09/09/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8455B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CUT	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER BRACKET ,LH	SERVICEABLE	35.60	-
1	FRONT DOOR MIRROR ASSY (LH)	TO REPAIR SEE LABOUR	670.00	-
1	REAR WHEEL HUP-CAP (LH)	GRAZED	107.10	107.10
1	FRONT DOOR (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	ROCKER PANEL GARNISH (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-277.54	-136.42
			1,110.16	545.68
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH) (SN)	NECESSARY	75.00	75.00
			205.00	205.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT DOOR MIRROR ASSY (LH),FRONT DOOR (LH),REAR DOOR (LH),ROCKER PANEL GARNISH AND REAR FENDER (LH) .		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	850.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,860.00	1,250.00
GRAND TOTAL			3,175.16	2,000.68

Report Ref No. CC3/CTI19016042/K1eb3q2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,600.00
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Report Ref No. CC3/CTI19016042/K1eb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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