

ASS. REC. BY:

REF:

CS/TM1 19016453/KHf3

Special Instruction:

Surveyor: Kalvin

## ASSIGNMENT (Office)

From (Person): Triana Gan Bu Song of TM1 Date/Time: 18.9.19 9.06 a.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SHC 8942T Insured: GBF 1017Rat Workshop m/s Combo Adelgro Tel: 6214 8300of 59 Ioyang DurePolicy No: MH000689 Claim No: M1907185

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 12.9.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 18.9.19 9.12 a.m Person Contacted: Jumadi H.O.D. Endorsement: \_\_\_\_\_Vehicle IN/OUT

| Date/Time | Action/Instruction (✓) Estimate                        |
|-----------|--|
|           | SHC 8942T - CCB/ALG 10015315 / Fm f292 Rm - 01/03/2010 |
|           | GBF 1017R - X  |
|           |  |
|           |  |
|           |  |
|           |  |

Meriman

(08/11/13)

Surveyor: Kalvin

REF: \_\_\_\_\_

## 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: 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: SHC8942T Yr Regn: 14 Apr 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T<sub>2</sub> / Prime Mover /

Truck / Trailer or

Make: Hyundai 2.4 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 455 137 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB414M44087646Gen. Cond: Good / Scr / Poor / BurntSteering: Inorder / Scr / Jammed / Leaked / Burnt orBrake: Inorder / Scr / Jammed / Leaked / Burnt orModi: Nil / S/Rim / Scr A/Rim orTyre Size; F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or West dke

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/9/11 D.O.I. 12/9/11Survey held at C DHE (Loyang)

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

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction  |
|-------------|---|
| 19/9/11     | <u>Call 4/5 \$1150 / 2 days. (Fed \$1304.94, 53%.)</u> <u>Tokio</u> |
|             | <u>4s</u>   |
|             |   |
|             |   |
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|             |   |
|             |   |
|             |   |

Date/Time, File Pass to?

☐

: Preli. Report

1) 19/9 typing☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$I

Photos

250

11

261

## ...CLAIM SUBFOLDER...(New Assignment)

## CLAIM SUBFOLDER TRACKING

| Case | Notified   | Est Submitted                              | Adj Assigned                                   | Adj Rpt | Adj Submitted | Ins Auth'd | Status   |
|------|--|--|--|---------|---------------|------------|--|
| Main | 17 Sep 2019<br>17:45<br><a href="#">Sendback Est</a> | 17 Sep 2019<br>18:02<br><b>S\$2,454.54</b> | 18 Sep 2019<br>09:06<br><a href="#">Assign</a> |         |               |            | <b>New Assignment</b><br><a href="#">Cancel Case</a> |

| Main   | Reference   | Claim Details          | Documents  | Show All |         |             |              |            |       |
|--|---|------------------------|--|----------|---------|-------------|--------------|------------|-------|
| <b>CLAIM SUBFOLDER DETAILS</b>   |   |                        |  |          |         |             |              |            |       |
| Insured:   | <b>MITSUBISHI ELECTRIC ASIA PTE LTD</b> , Co. Reg. No.: 199303821R  |                        |  |          |         |             |              |            |       |
| Main Claimant:   | <b>CTPL</b>   |                        |  |          |         |             |              |            |       |
| Vehicle Reg. No.:  | <b>SHC8942T</b>   | Date of Loss:          | 12/09/2019 15:00 - :59<br>[40 Months and 29 Days From LTA Reg Date (Man Yr)] |          |         |             |              |            |       |
| Claim Type:  | <b>TP / M1907185</b>  | Policy/Cover Note No.: | MH000689 (Comprehensive)<br>Coverage: 21/06/2019 - 20/06/2020                |          |         |             |              |            |       |
| Vehicle Reg. No. (Insured):  | <b>GBF1017R</b>   | Policy No. (Claimant): |  |          |         |             |              |            |       |
|  |   | Excess:                | S\$2,500.00  |          |         |             |              |            |       |
| Repairer:  | <b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300                       |                        |  |          |         |             |              |            |       |
| Handling Insurer:  | <b>Tokio Marine Insurance Singapore Ltd (HQ)</b> - Tel: 6221 6111 ... [Handled by <b>Fiona Gan Bee Song</b> - 65926378] |                        |  |          |         |             |              |            |       |
| Adjuster:  | <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Final Rpt due 27/09/2019]                                |                        |  |          |         |             |              |            |       |
| <b>ASSOCIATED MAIL RECEIVED</b> <a href="#">View All</a> <a href="#">Compose Case Mail</a>   |   |                        |  |          |         |             |              |            |       |
| There are no mail for this case.   |   |                        |  |          |         |             |              |            |       |
| <b>ALL ASSOCIATED TASKS</b> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a> |   |                        |  |          |         |             |              |            |       |
| Due Date   | Priority  | Type                   | Task Group   | Subject  | Handler | Assigned By | Completed On | Created On | Done? |
| No results.  |   |                        |  |          |         |             |              |            |       |

## 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             | 13/09/2019 09:29        |
| Date Of Accident           | 12/09/2019 14:00        |
| Exact Location Of Accident | ALEXANDRA RD TWDS AYE . |
| Country/State of Loss      | SINGAPORE               |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC8942T                       |
| <b>Insured/Policyholder</b> |                                |
| Name Of Registered Owner    | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No                   | 199303821R                     |
| Email Address               | FLEETSAFTY@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       | TAN YEW KENG          |
| NRIC No              | S0100437I             |
| Date Of Birth        | 10/08/1952            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 04/02/1976            |
| Driving Experience   | 43 YEARS AND 7 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98397970  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | TANYEWKENG@GMAIL.COM  |

|   |                          |
|---|--------------------------|
| Address   | 1A 36-01 CANTONMENT ROAD |
| Postcode  | 085101                   |
| 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?  |     |
| 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)   | 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

SEE ATTACH.

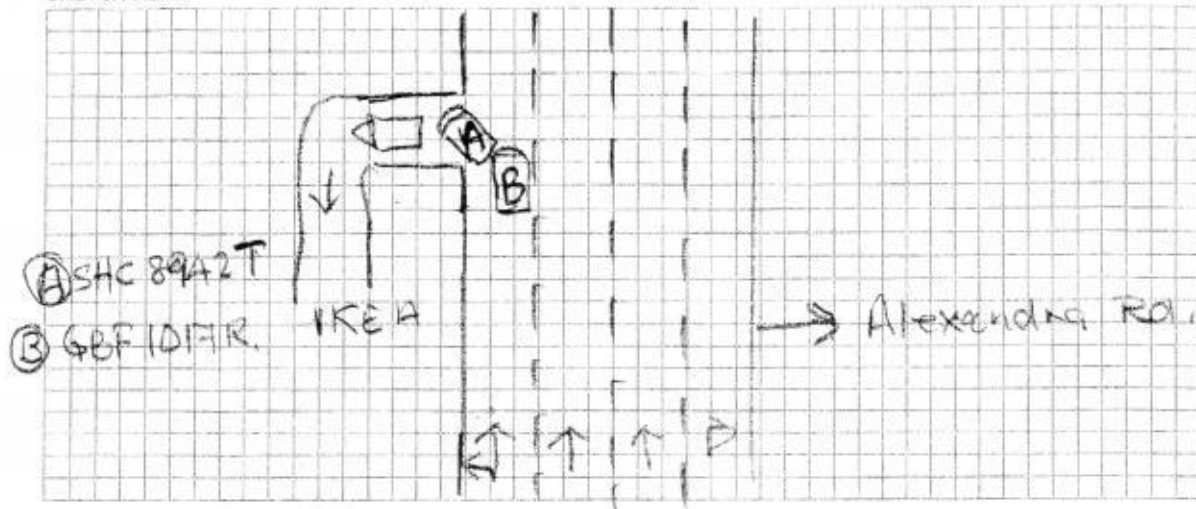
#### Attachment(s)

|   |     |
|---|-----|
| 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         | GBF1017R           |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | YONG FOO CHUA      |
| NRIC/Passport Number                | 405790408          |
| Contact Number                      | 91201947           |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    | FRT                |
| No. Of Passenger (Including Driver) |                    |

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/9/2019 at about 1400hrs, I vehicle A was driving my taxi along alexandra road. while I was at Ikea entrance waiting for the front car to move. Vehicle B dang onto my taxi right rear corner. No one was injured at that time.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 19901381R

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.:

GIARAC SketchPlanForm\_V1

**IMPORTANT NOTICE**

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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.
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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.

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.:

GIA/NAE Sketching Centre, No. 1



Date/Time: 17.09.2019 10:17

Page : 1

member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305333838

OWNER  
IS COMFORT TRANSPORTATION PTE LTD  
OWNER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

|                                |                               |
|--------------------------------|-------------------------------|
| REGN NO.: SHC8942T             | MILEAGE                       |
| MAKE : HYUNDAI                 | FUEL E.....1/2.....F          |
| MODEL I-40                     | DATE/TIME IN 17.09.2019 08:30 |
| YR OF MANU. 14.04.2016         | TARGET DATE                   |
| CHASSIS CODE KMHLB41UMGU087646 | COMPLETION DATE/TIME:         |

IDENTIFICATION CARD NO.

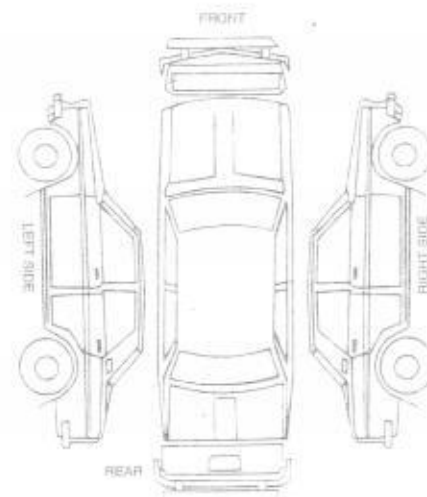
*Tokio Marine*

### JOB DESCRIPTION

Accident Date: 12.09.2019

NATURE: 3P 12.09.2019

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHC8942T

LKE

Vehicle No.:

SHC8942T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8942T

MAKE :

MODEL : HYUNDAI i40

DATE 17/9/2019 9:24

| Qty | Parts Description/ Labour                 | Type | Unit Price | Amount    |
|-----|---|------|------------|-----------|
|     | Rear Bumper                               |      |            | \$ 553.00 |
|     | Rear Bumper Reinforcement                 |      |            | \$ 428.40 |
|     | Rear Bumper Reinforcement Bracket (LH/RH) |      | \$ 80.30   | \$ 160.60 |
|     | Rear Bumper Clip 10 pcs                   |      |            | \$ 22.00  |
|     | Rear Bumper Bracket                       |      | \$ 35.60   | \$ 71.20  |
|     | Rear Bumper Sponge                        |      |            | \$ 103.50 |
|     | Rear Bumper Under Cover                   |      |            | \$ 228.00 |
|     | Rear Bumper Reflector Lamp (RH)           |      |            | \$ 30.60  |
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Tokio Marine

## ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive  
Singapore 508969  
Tel: 6214 8300

**TP INSURER:** Tokio Marine Insurance Singapore Ltd (HQ)  
**CTPL**

Singapore

**PARTICULARS OF CLAIM**

|                               |  |                    |                   |
|-------------------------------|--|--------------------|-------------------|
| Claim Type:                   | THIRD PARTY                                | Ref. No:           |                   |
| Policy No:                    |  | Date of Loss:      | 12/09/2019        |
| Vehicle Reg. No.:             | <b>SHC8942T</b>                            | Driveable?         | YES               |
| Party At Fault:               | UNKNOWN                                    |                    |                   |
| Make/Model:                   | HYUNDAI I40, 1.7 D CRDI (A)                | Vehicle Reg. Date: | 14/04/2016        |
| Vehicle Colour:               | BLUE                                       | Gen Condition:     | GOOD              |
| Engine No:                    | D4FDFU609887                               | Chassis No:        | KMHLB41UMGU087646 |
| Odometer:                     | 0 KM                                       |                    |                   |
| Paint Type:                   |  |                    |                   |
| List Item Discount:           | 20.00 %                                    |                    |                   |
| Total Loss?                   | <b>NO</b>                                  |                    |                   |
| Est. Duration of Repair (day) | 2  |                    |                   |
| Present Location:             | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) |                    |                   |

**COST OF CLAIMS**

|                          | <b>Amount</b>   |
|--------------------------|-----------------|
| Parts                    | 1,713.54        |
| Miscellaneous Items      | 11.00           |
| Labour                   | 730.00          |
| Paintwork Labour         | 0.00            |
| Towing                   | 0.00            |
| <b>Gross Total (S\$)</b> | <b>2,454.54</b> |
| <b>+ GST 7.00% (S\$)</b> | <b>171.82</b>   |
| <b>Nett Amount (S\$)</b> | <b>2,626.36</b> |

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS****Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 17 Sep 2019)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC8942T/17/09/2019 18:02**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                          | 20.00 | 0.00  | *553.00 FL DE ✓  |
| 2   | 1   |          | *REAR BUMPER REINFORCEMENT            | 20.00 | 0.00  | SVC *428.40 FL X |
| 3   | 1   |          | *REAR BUMPER REINFORCEMENT BRACKET LH | 20.00 | 0.00  | SVC *80.30 FL X  |
| 4   | 1   |          | *REAR BUMPER REINFORCEMENT BRACKET RH | 20.00 | 0.00  | SVC *80.30 FL X  |
| 5   | 10  |          | *REAR BUMPER CLIPS                    | 20.00 | 0.00  | *22.00 FL DE ✓   |
| 6   | 1   |          | *REAR BUMPER BRACKET LH               | 20.00 | 0.00  | SVC *35.60 FL X  |
| 7   | 1   |          | *REAR BUMPER BRACKET RH               | 20.00 | 0.00  | SVC *35.60 FL X  |
| 8   | 1   |          | *REAR BUMPER SPONGE                   | 20.00 | 0.00  | SVC *103.50 FL X |
| 9   | 1   |          | *REAR BUMPER UNDER COVER              | 20.00 | 0.00  | SVC *228.00 FL X |
| 10  | 1   |          | *REAR BUMPER REFLECTOR LAMP RH        | 20.00 | 0.00  | *30.60 FL CUT ✓  |
| 11  | 1   |          | *REAR BUMPER REVERSE SENSOR           | 0.00  | 0.00  | *135.70 F SHO ✓  |
| 12  | 1   |          | *REAR BUMPER MAT                      | 0.00  | 0.00  | *50.00 F REC ✓   |
| 13  | 1   |          | *REAR BUMPER ADVERTISEMENT LOGO       | 0.00  | 0.00  | *50.00 F REC ✓   |
| 14  | 1   |          | *REAR FENDER ADVERTISEMENT LOGO LH    | 0.00  | 0.00  | *100.00 F REC ✓  |
| 15  | 1   |          | *REAR FENDER ADVERTISEMENT LOGO RH    | 0.00  | 0.00  | *100.00 F REC ✓  |

F=Franchise part. L=ListItemDisc.

|   |                 |
|---|-----------------|
| <b>Sub Total (\$)</b>                       | <b>2,033.00</b> |
| <b>- List Item Discount on L Items (\$)</b> | <b>319.46</b>   |
| <b>Total Parts (\$)</b>                     | <b>1,713.54</b> |

ComfortDelGro Engineering Pte Ltd/SHC8942T/17/09/2019 18:02. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1 1 OD/TP Case (Insurer)

11.00 ✓

Sub Total (S\$)

11.00

## Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1 PANEL BEATING

New

280

350.00

2 SPRAY PAINTING CHARGE

New

200

250.00

3 WIRING CHARGE

New

50.00

4 REMOVE/REFIX REVERSE SENSOR

New

30

80.00

Gross Labour Cost (S\$)

730.00

ComfortDelGro Engineering Pte Ltd/SHC8942T/17/09/2019 18:02. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

&lt; END OF ESTIMATES &gt;

Our Job Ref No 305333838

Date : 18.09.19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC8942T CTPL

12.09.19

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

1. The repair job shall bill to: **TOKIO MARINE** ... **GBF1017R**
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% **\$1,150.00**  
**Final Lumpsum Repair cost** **\$1,150.00**

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN ANG

Date : 19/9/19

### For Official Use Only

| Item   | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|--|--------|-----------------------------|------------------------|---------|
| 1. Rental Rate P/Day                                 |        | YES                         |                        |         |
| 2. Loss of Income Paid                               |        | NO                          |                        |         |
| 3. Survey Fees                                       |        |                             |                        |         |
| 4. LTA Search Fee                                    | \$7.49 |                             |                        |         |
| 5. Medical Fees (on behalf of driver, if applicable) |        |                             |                        |         |
| 6. Overrun   |        |                             |                        |         |

Remarks:

## 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: CS/TMI19016453/K1QF3N2

Date: 19/09/2019

## REFERENCE

|                       |                                      |                      |          |
|-----------------------|--------------------------------------|----------------------|----------|
| Handling Insurer:     | Tokio Marine Insurance Singapore Ltd | Policy No:           | MH000689 |
| Claimant Vehicle No : | SHC8942T                             | Insured Vehicle No : | GBF1017R |
| Date of Loss:         | 12/09/2019                           | Nature of Claim:     | TP       |
|                       |                                      | Claim No:            | M1907185 |

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

|                             |                              |             |                   |
|-----------------------------|------------------------------|-------------|-------------------|
| Reg No:                     | SHC8942T                     | Engine No:  | D4FDFU609887      |
| Make & Model:               | HYUNDAI I40, 1.7 D CRDi (A)  | Chassis No: | KMHLB41UMGU087646 |
| Reg. Date:                  | 14/04/2016 (Man. Year: 2016) | Odometer:   | 455137 km         |
| Colour:                     | Blue                         |             |                   |
| 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:  | 205/60R16      | 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                                    | 1,713.54        | 920.18          | 793.36          | 46.30        |
| Miscellaneous Items                      | 11.00           | 11.00           | 0.00            | 0.00         |
| Labour                                   | 730.00          | 510.00          | 220.00          | 30.14        |
| Paintwork Labour                         | 0.00            | 0.00            | 0.00            |              |
| Towing                                   | 0.00            | 0.00            | 0.00            |              |
| <b>Calculated Gross Total (S\$)</b>      | <b>2,454.54</b> | <b>1,441.18</b> | <b>1,013.36</b> | <b>41.29</b> |
| <b>Approved Total (Overridden) (S\$)</b> |                 | <b>1,150.00</b> |                 |              |
| (S\$)                                    | 2,454.54        | 1,150.00        | 1,304.54        | 53.15        |
| <b>+ GST 7.00/7.00% (S\$)</b>            | 171.82          | 80.50           | 91.32           | 53.15        |
| <b>Nett Amount (S\$)</b>                 | <b>2,626.36</b> | <b>1,230.50</b> | <b>1,395.86</b> | <b>53.15</b> |

## INSPECTION

|                             |            |                   |   |
|-----------------------------|------------|-------------------|---|
| Date of Assignment:         | 18/09/2019 | Present Location: | ComfortDelGro Engineering Pte Ltd (Loyang)  |
| Date Inspected:             | 17/09/2019 | Inspected At:     | ComfortDelGro Engineering Pte Ltd (Loyang)<br>59 Loyang Drive<br>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

|                      |  |  |
|----------------------|--|--|
| <b>Reference</b>     |  |  |
| <b>Part Source:</b>  | MRM-SG   | Version: 1.0 (Last Synchronised: 19 Sep 2019)                |
| <b>Parts:</b>        | 143  | HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0) |
| <b>Labour:</b>       | Repairer's   | (Price-denominated Standard List)                            |
| <b>Print Code:</b>   | (Unsubmitted, no print-code for SHC8942T)  |  |
| <b>Validity:</b>     | 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 |  |
| <b>Further Info:</b> | 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                          | Deformed    | 553.00 FL  | *553.00 FL |
| 2   | 1   |          | *REAR BUMPER REINFORCEMENT            | Serviceable | 428.40 FL  | *- FL      |
| 3   | 1   |          | *REAR BUMPER REINFORCEMENT BRACKET LH | Serviceable | 80.30 FL   | *- FL      |
| 4   | 1   |          | *REAR BUMPER REINFORCEMENT BRACKET RH | Serviceable | 80.30 FL   | *- FL      |
| 5   | 10  |          | *REAR BUMPER CLIPS                    | Necessary   | 22.00 FL   | *22.00 FL  |
| 6   | 1   |          | *REAR BUMPER BRACKET LH               | Serviceable | 35.60 FL   | *- FL      |
| 7   | 1   |          | *REAR BUMPER BRACKET RH               | Serviceable | 35.60 FL   | *- FL      |
| 8   | 1   |          | *REAR BUMPER SPONGE                   | Serviceable | 103.50 FL  | *- FL      |
| 9   | 1   |          | *REAR BUMPER UNDER COVER              | Serviceable | 228.00 FL  | *- FL      |
| 10  | 1   |          | *REAR BUMPER REFLECTOR LAMP RH        | Cut         | 30.60 FL   | *30.60 FL  |
| 11  | 1   |          | *REAR BUMPER REVERSE SENSOR           | Shorted     | 135.70 F   | *135.70 FS |
| 12  | 1   |          | *REAR BUMPER MAT                      | Necessary   | 50.00 F    | *50.00 FS  |
| 13  | 1   |          | *REAR BUMPER ADVERTISEMENT LOGO       | Necessary   | 50.00 F    | *50.00 FS  |
| 14  | 1   |          | *REAR FENDER ADVERTISEMENT LOGO LH    | Necessary   | 100.00 F   | *100.00 FS |
| 15  | 1   |          | *REAR FENDER ADVERTISEMENT LOGO RH    | Necessary   | 100.00 F   | *100.00 FS |

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

|  |                 |                 |
|--|-----------------|-----------------|
| <b>Sub Total (\$\$)</b>                                    | <b>2,033.00</b> | <b>1,041.30</b> |
| <b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b> | <b>319.46</b>   | <b>121.12</b>   |
| <b>Total Parts (\$\$)</b>                                  | <b>1,713.54</b> | <b>920.18</b>   |

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      | 350.00     | 280.00 |
| 2                       | SPRAY PAINTING CHARGE       | New      | 250.00     | 200.00 |
| 3                       | WIRING CHARGE               | New      | 50.00      | 0.00   |
| 4                       | REMOVE/REFIX REVERSE SENSOR | New      | 80.00      | 30.00  |
| Gross Labour Cost (S\$) |                             |          | 730.00     | 510.00 |

|   |
|---|
| Report was unsubmitted during this print-out. |
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&lt; END OF ESTIMATES &gt;