

22/03/2002

ASS. REC. BY:

REF: CS/TM1 19616806/KISf3 n2

Special Instruction:

Surveyor: Kalm

ASSIGNMENT (Office)

From (Person): Munihanda Bm Mnd/San of TM1Date/Time: 24.9.19 12.03p.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHD 7135 HInsured: SLT 75083at Workshop m/s ComfortalignTel: 62148300of 59 loyang drivePolicy No: MC 000577Claim No: M 1907426

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 22.9.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

upLumdi

H.O.D. Endorsement: _____

Date/Time: 24.9.19 1.12p.m

Person Contacted: _____

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 7135 H - CC4/ ASM 13014470/K129392 DOA - 06/03/2018
	SLT 75083 - X

(08/11/13)

Surveyor: Kalvin

REF: .

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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: _____ 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 7135H Yr Regn: 10 Nov 2016

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

Truck / Trailer or

Make: Hyundai 2.4 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 578362 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ICM HLB 410M H4 096289

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: 205/60R16

R: _____

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

TOYO / YOKO or Nat 1.6

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 22/9/19

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 24/9/19Survey held at C DGE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
30/9/17	<u>Chk P/H \$ 1549.20 / 20p.</u>
	<u>45 \$1250</u>
	<u>(52,322.78 Red - 69%)</u>

RECEIVED 01 OCT 2019

Date/Time, File Pass to?

01/10/19

1) Type: st

Date/Time, File Return to?

2)

☐

Prel. Report

☒

Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$

Photos

250

11

261

\$ 1,250/- 45

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Sep 2019 Sendback Est	23 Sep 2019 16:52 S\$4,072.78	24 Sep 2019 12:03 Assign				New Assignment 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.:	SHD7135H	Date of Loss:	22/09/2019 00:00 - :59 [34 Months and 12 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1907426	Policy/Cover Note No.:	MK000577 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020						
Vehicle Reg. No. (Insured):	SLT7508J	Policy No. (Claimant):							
		Excess:	S\$1,600.00						
Reparer:	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 Nurulhaida Binte Mohd Seain]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/10/2019]								
Driver/Custodian (Insured):	KOH WEI QIANG (42) , Tel: +6598591859 Email:								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	23/09/2019 14:36
Date Of Accident	22/09/2019 23:10
Exact Location Of Accident	T JUNCTION OF SHEARES LINK AND BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7135H
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	LI JIANFU
NRIC No	S2585911A
Date Of Birth	10/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90618303
Fax Number	
Contact Number	
Email Address	JIANFUL_1008@YAHOO.COM

Address	BLK 645 WOODLANDS RING ROAD #06-08
Postcode	730645
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT BATOK N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190923/2027

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	SLT7508J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH WEI QIANG
NRIC/Passport Number	
Contact Number	98591859
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LI JIANFU
Approximate Age	60
Injuries Sustain	NECK AND BACK PAIN, ON 4 DAYS MC.
Injured person in which vehicle?	SHD7135H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
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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.

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

Policyholder's Signature
Date & Time:

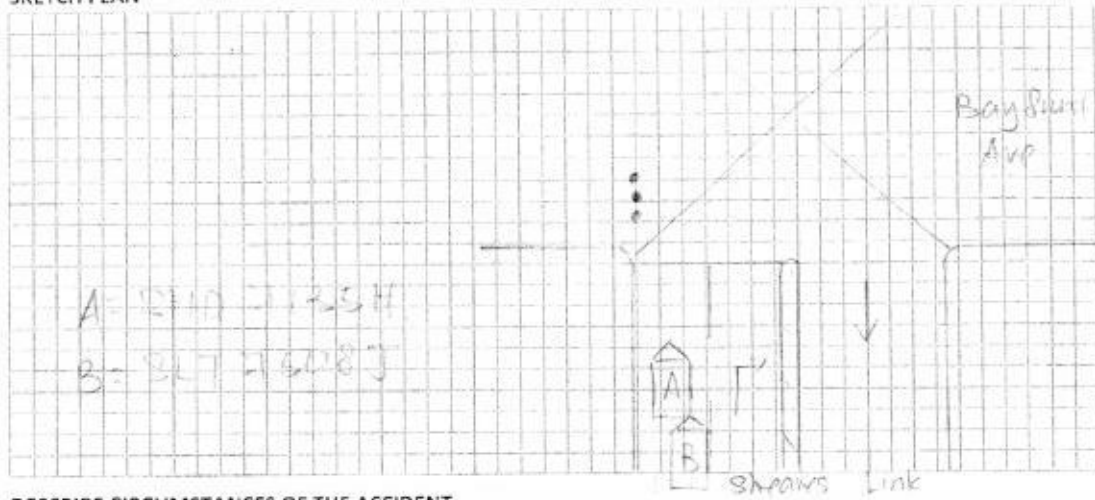
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/ACC-SKETCHPLAN-PG.1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report
T/20190923 / 2027.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

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.:

Loke Wei Yiong



**SINGAPORE
POLICE FORCE**



T/20190923/2027

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20190923/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2019 10:55	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: LI JIANFU			Address: APT BLK 645 WOODLANDS RING ROAD #06-08 SINGAPORE 730645	
ID Type / ID No.: NRIC NO / S2585911A			Contact No.: Home/Office: Mobile: 90618303	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 60	Date of Birth: 10/08/1959	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2019 23:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BAYFRONT AVENUE BAYFRONT AVENUE T-Junction of Sheares Link and Bayfront Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7135H	Car			Blue	Seriously Damaged	0
SLT7508J	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190923/2027

2 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20190923/2027

CONTINUATION OF REPORT

Driver			
Name	LI JIANFU	ID No.	S2585911A
Related Vehicle	SHD7135H (Car)	Contact No.	90618303
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	23/09/2019	Date Discharge	23/09/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	KOH WEI QIANG	ID No.	S8637290H
Related Vehicle	SLT7508J (Car)	Contact No.	98591859
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/09/2019 at about 2310hrs, I was driving my taxi bearing the registration plate SHD7135H on the left lane along Sheares Link. The traffic light suddenly turned amber and the car in front of my taxi had applied emergency brake, and I managed to brake in time as well. However, the car bearing the registration plate SLT7508J that changed lane from the middle lane to the left lane where I had stopped my car, did not managed to brake in time and hit onto the rear of my taxi. As a result, the rear bumper of my taxi protruded out and the rear boot was not able to close. We then alighted from the vehicle and exchanged particulars at the side. The Traffic Police who was directing traffic for F1 told us to move our vehicles as it was blocking other cars. No one was conveyed to hospital at that point of time. The next day, I went to see a doctor as there was pain in my back and neck therefore I have gotten a 4 days MC from 23/09/2019-26/09/2019. My taxi company Comfort Delgro was notified of the accident.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20190923/2027

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20190923/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 2 YEO YULIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2019 10:55
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No: 65476414	Classification Of Case:
Authentication Stamp NP168	

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:	22/09/2019
Vehicle Reg. No.:	SHD7135H	Driveable?	YES
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	10/11/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4DFU561959	Chassis No:	KMHLB41UMHU096289
Odometer:	0 KM		

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

Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)
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COST OF CLAIMS

	Amount
Parts	3,051.78
Miscellaneous Items	11.00
Labour	1,010.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,072.78
+ GST 7.00% (S\$)	285.09
Nett Amount (S\$)	4,357.87

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 23 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/SHD7135H/23/09/2019 16:52
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 <i>phd</i>	20.00	0.00	*553.00 FL
2	1		*REAR BUMPER REINFORCEMENT <i>x su</i>	20.00	0.00	*428.40 FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH <i>x su e</i>	20.00	0.00	*80.30 FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH <i>x su</i>	20.00	0.00	*80.30 FL
5	1		*REAR BUMPER SIDE BRACKET RH <i>x su</i>	20.00	0.00	*35.60 FL
6	1		*REAR BUMPER SIDE BRACKET LH <i>x su</i>	20.00	0.00	*35.60 FL
7	1		*REAR BUMPER SPONGE <i>x su</i>	20.00	0.00	*103.50 FL
8	1		*REAR BUMPER UNDER COVER <i>at</i>	20.00	0.00	*228.00 FL
9	10		*REAR BUMPER CLIPS <i>ne</i>	20.00	0.00	*22.00 FL
10	1		*REAR BUMPER REFLECTOR RH <i>x su</i>	20.00	0.00	*30.60 FL
11	1		*EXHAUST PIPE CENTRE <i>x su e</i>	20.00	0.00	*730.10 FL
12	1		*EXHAUST SILENCER RH <i>x su</i>	20.00	0.00	*967.70 FL
13	1		*BOOTLID COMFORT LOGO & TEL.NO STICKER <i>x n</i>	0.00	0.00	*30.00 F
14	1		*REAR BUMPER MAT <i>ne</i>	0.00	0.00	*50.00 F
15	1		*REVERSE SENSOR <i>slbd</i>	0.00	0.00	*135.70 F
16	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH) <i>ake</i>	0.00	0.00	*200.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	3,710.80
- List Item Discount on L Items (S\$)	659.02
Total Parts (S\$)	3,051.78

ComfortDelGro Engineering Pte Ltd/SHD7135H/23/09/2019 16:52. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00 ✓
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 280
2	SPRAYPAINT	New	300.00 200
3	WIRING	New	50.00 X 31
4	TOWING	New	60.00 X
5	REMOVE/REFIX REVERSE SENSOR	New	80.00 10
6	REMOVE/REFIX EXHAUST PIPE	New	120.00 X 20
Gross Labour Cost (S\$)			1,010.00

ComfortDelGro Engineering Pte Ltd/SHD7135H/23/09/2019 16:52. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kali 10/11/19
 24/9/19 Book
 2 Bys
 P/P
 Before Panel photo



Workshops

58 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 608286
120 Ubi Road 3 Singapore 408340

24 Serangoon Loop Singapore 756156
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 23.09.2019 15:21 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3955867

JC NO.: 305335623

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

REGN NO.: SHD7135H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 22.09.2019 00:20
YR OF MANU. 10.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU096289	COMPLETION DATE/TIME:

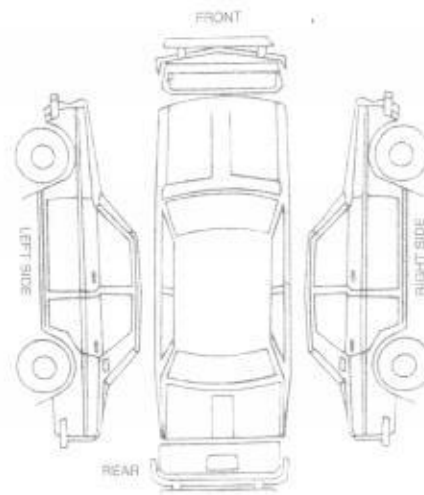
DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.09.2019
NATURE: 3P 22.09.19

S/NO	LABOR CODE
000010	23-01
000020	L

DESCRIPTION
TOWING FEE
MERIMEN



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHD7135H JU TOKIO LKK

Vehicle No.: SHD7135H

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>22/09/19</u> Time Received: <u>00:50 hrs</u>		Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr Li</u> Contact No.: <u>9061 8303</u> Vehicle No.: <u>SHD 7135 H</u> Make / Model / Colour: <u>140</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: <u>Back Bumper</u> <u>Door Catches</u> <u>Close properly</u>	
7. Location: <u>1644A Woodlands Rd</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading: <u>578362</u> Fuel Level: <u>F</u> <u>1/4</u> <u>1/2</u> <u>3/4</u> <u>E</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer: <u>[Signature]</u>	
<h3>Job Attended</h3>					

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>Neehan</u> Vehicle No.: <u>N6230T</u> Time Dispatch: <u>01:15 hr</u> Time of Arrival: <u>01:15 hr</u> Time Completed: <u>02:00 hr</u>			
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Cash Invoice Details (if applicable)

13. Cash Invoice No.:	
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Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date: <u>22/09/19</u>	Time: <u>01:15 hrs</u>	Signature of Customer: <u>[Signature]</u>
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14. WORKSHOP

Name of Attending Staff/Guard: _____	Date & Time of Arrival: _____	Signature of Attending Staff/Guard: _____
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Our Job Ref No 305335623

Date 28/09/2019

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

FINALIZATION FORM

To LKK

Fax:

Attn KALVIN

SHD7135H

305333809

22/09/2019

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

1. The repair job shall bill to: TOKIO ... SLT7508J
###
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%
Final Lumpsum Repair cost \$1250.00
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: JUMANI

Tel: 6214 8315

Fax: 65468156

Signature: 

Name: KALVIN

Date: 30/9/19

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:

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/TMI19016806/K1SF3N2
Date: 04/10/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000577
Claimant Vehicle No :	SHD7135H	Insured Vehicle No :	SLT7508J
Date of Loss:	22/09/2019	Nature of Claim:	TP
		Claim No:	M1907426

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD7135H	Engine No:	D4FDFU561959
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMHU096289
Reg. Date:	10/11/2016 (Man. Year: 2016)	Odometer:	578362 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,051.78	1,028.10	2,023.68	66.31
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,010.00	510.00	500.00	49.50
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	4,072.78	1,549.10	2,523.68	61.96
Approved Total (Overridden) (\$\$)		1,250.00		
	(\$\$)	4,072.78	1,250.00	2,822.78
+ GST 7.00/7.00% (\$\$)	285.09	87.50	197.59	69.31
Nett Amount (\$\$)	4,357.87	1,337.50	3,020.37	69.31

INSPECTION

Date of Assignment:	24/09/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	24/09/2019	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: Hiew May Fung

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: 04 Oct 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD7135H)
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	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	1	*REAR BUMPER SIDE BRACKET RH	Serviceable	35.60 FL	*- FL
6	1	*REAR BUMPER SIDE BRACKET LH	Serviceable	35.60 FL	*- FL
7	1	*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
8	1	*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
9	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
10	1	*REAR BUMPER REFLECTOR RH	Serviceable	30.60 FL	*- FL
11	1	*EXHAUST PIPE CENTRE	Serviceable	730.10 FL	*- FL
12	1	*EXHAUST SILENCER RH	Serviceable	967.70 FL	*- FL
13	1	*BOOTLID COMFORT LOGO & TEL.NO STICKER	Not Necessary	30.00 F	*- FS
14	1	*REAR BUMPER MAT	Necessary	50.00 F	*50.00 FS
15	1	*REVERSE SENSOR	Shorted	135.70 F	*135.70 FS
16	2	*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 F	*200.00 FS

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

Sub Total (\$\$)	3,710.80	1,188.70
- List Item Discount on L Items 20.00/20.00% (\$\$)	659.02	160.60
Total Parts (\$\$)	3,051.78	1,028.10

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	280.00
2	SPRAYPAINT	New	300.00	200.00
3	WIRING	New	50.00	0.00
4	TOWING	New	60.00	0.00
5	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
6	REMOVE/REFIX EXHAUST PIPE	New	120.00	0.00
Gross Labour Cost (S\$)			1,010.00	510.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >