

ASS. REC. BY:

REF: CS/TMI 19017004/K4f34 Special Instruction:

Surveyor : Kalnim

ASSIGNMENT (Office)

From (Person): Clara Mrlah 40

of TMI

Date/Time: 26.9.19 17.53 p.m

~~Estimated Cost:~~

Bill to:

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

To Inspect Vehicle No:

SH 6681C

Insured: SLV 5162E

at Workshop m/s

Comfort del giro

Tel: 62148300

of

59 Iyang Drive

Policy No: mk 000576

Claim No: M 1907356

Sum Insured:

Excess:

Make of Veh:

D.O.A 19.9.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 27.9.19 8:54a.m

Person Contacted:

Sumadi

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SH 6681C - CSI @ 13021207 / Ry 1 m3u2 DUA - 04 / 11 / 2013
	SLU 5162E - X

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: SH 6681C Yr Regn: 28 Apr 2016

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1600Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 595309 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB414M64087770Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / RIm orTyre 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 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 19/9/19 D.O.I. 26/9/19Survey held at C/DHE (Loyang)

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

n/s wing mirror

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

Date / Time	Action / Instruction
27/9/19	Chs r/p \$111 / 1 by. (Red. 736.86%)

RECEIVED 01 OCT 2019.

Date/Time, File Pass to?

11/10 Typist

Date/Time, File Return to?

2)

☐ : Prell. Report☒ : Final ReportDays Of Repair: 1Resurvey No. of Trip: 1Survey Fee: 790

Transportation: _____

S + RS SI

Photos

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

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Sep 2019 10:11 Sendback Est	26 Sep 2019 10:19 S\$847.00	26 Sep 2019 17:53 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SH6681C	Date of Loss:	19/09/2019 15:00 - :59 [40 Months and 22 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1907356	Policy/Cover Note No.:	MK000576 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLU5162E	Policy No. (Claimant):	
		Excess:	S\$1,600.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Clara Milah Yeo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/10/2019]		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.



ALL ASSOCIATED TASKS

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Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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

LKK-Kalvin

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	19/09/2019
Vehicle Reg. No.:	SH6681C	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	28/04/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU551088	Chassis No:	KMHLB41UMGU08777
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	2		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	536.00
Miscellaneous Items	11.00
Labour	300.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	847.00
+ GST 7.00% (S\$)	59.29
Nett Amount (S\$)	906.29

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
58 Loyang Drive Singapore 508989
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609288
24 Senoko Loop Singapore 758158
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

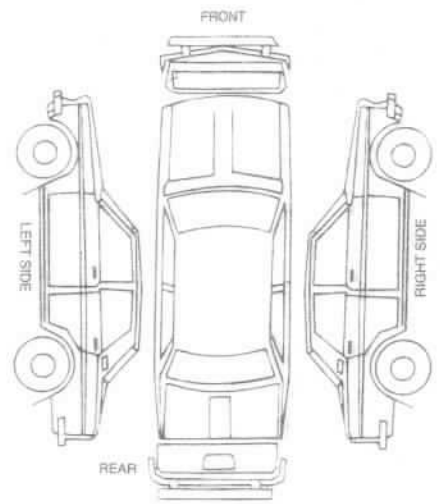
Date/Time: 26.09.2019 09:28 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305336454

OMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SH 6681C	MILEAGE
3	7010045	MAKE: HYUNDAI	FUEL
OMER NO.	383 SIN MING DRIVE	MODEL I-40	E.....1/2.....F
ESS	Singapore SINGAPORE 575717	YR OF MANU 28.04.2016	DATE/TIME IN 26.09.2019 08:45
(R)	65508755	CHASSIS CODE RMHLB41UMGU087770	TARGET DATE
(P)	(O)	COMPLETION DATE/TIME:	
UNT CARD NO.			

Accident Date: 19.09.2019
NATURE: 3P 19.09.19

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

ED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

gement Slip	Exit Pass
SH 6681C	Vehicle No.: SH 6681C
LIMITS	
Service Advisor	Signature/Date
Service Advisor	Name of Service Advisor
Signature/Date	Date
ned to Service Reception upon collection	To be kept by Security Guard

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	19/09/2019 16:20
Date Of Accident	19/09/2019 14:40
Exact Location Of Accident	BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6681C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSATY@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	GOH HOCK LENG
NRIC No	S1380823F
Date Of Birth	22/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1980
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93897291
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	521 #11-147 JELAPANG ROAD
Postcode	670521
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	SLU5162E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYED MOHAMMAD BIN IDRUS ALGADRI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT WING MIRROR
No. Of Passenger (Including Driver)	

SKETCH PLAN

Sketch Plan area with grid lines. Faint handwritten text "Bater Road" is visible on the left side.

A) SH 6681C
B) SL 45162E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/9/19 at about 1440hrs while I Veh A was travelling along lane 1, Veh B from lane 2 suddenly filtered onto my lane and collided onto the left wing mirror of my vehicle and was damaged. Veh B ~~was~~ damage was on the right wing mirror.

DECLARATION

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

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

S. H. Moorthy
CSO

19/9/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Kindly attach Sketch Plan Page 2

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Policyholder's Signature
Date & Time:

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

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

NRIC/FIN No.:



REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 26 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/SH6681C/26/09/2019 10:19**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		*WING MIRROR LH <i>X repair</i>	20.00	0.00	*670.00 FL
						Sub Total (S\$)
						670.00
						- List Item Discount on L Items (S\$)
						134.00
						Total Parts (S\$)
						536.00

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SH6681C/26/09/2019 10:19. 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	150.00 50
2	SPRAY PAINTING	New	150.00 50
Gross Labour Cost (S\$)			300.00

ComfortDelGro Engineering Pte Ltd/SH6681C/26/09/2019 10:19. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka hui 10/11/19

26/9/19 1035L

1 Day

HS P/P

After Repair



Our Job Ref No : 305336454

Date : 27/09/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 6681C

Date of Accident : 19-Sep-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 --- SLU5162E

2. The finalized amount shall be:

(a) Spare Parts after List discount NIL

(b) Labour Charges \$111.00

Total for Part-By-Part Repair Cost \$111.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 1 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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 27/9/19

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:

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

JOB NO : 305336454
REGN NO : SH 6681C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 28.04.2016
DATE/TIME IN : 26.09.2019 08:45
ACCIDENT DATE : 19.09.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB	PANEL BEATING	50.00
0001 SP	SPRAYPAINT CHARGE	50.00
0002 20-05	TP MERIMEN	11.00

SUB-TOTAL : 111.00

TOTAL : 111.00



MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Sep 2019 10:11 Sendback Est	26 Sep 2019 10:19 S\$847.00	26 Sep 2019 17:53 Edit Adj Rpt	S\$111.00 Edit Estimates	S\$111.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SH6681C	Date of Loss:	19/09/2019 15:00 - :59 [40 Months and 22 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1907356	Policy/Cover Note No.:	MK000576 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLU5162E	Policy No. (Claimant):	
		Excess:	S\$1,600.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Clara Milah Yeo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 07/10/2019]		

ASSOCIATED MAIL RECEIVED

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There are no mail for this case.

ALL ASSOCIATED TASKS

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Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

SH6681C (M1907356)
[SLU5162E]
TP
CTPL
Sep 19 2019 3:00PM
[CTPL]
ComfortDelGro Engineering Pte Ltd

Upload Documents | Upload Photos | Compose New Letter

View View in Browser

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	26/09/19 10:19	ComfortDelGro Engineering Pte Ltd (Loyang)		Load HTM	
		Repairer Estimates			
No	Finalized On			Thumbnail	Print
1	26/09/19 17:52	Tokio Marine Insurance Singapore Ltd (HQ)		Load HTM	
		Accident Statement			
From:SC - Reg. No: SLU5162E, Claimant: LION CITY RENTALS PTE LTD					
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder			Thumbnail	Print
1	27/09/19 09:04	LKK Auto Consultants Pte Ltd (HQ)		Load JPG	<input checked="" type="checkbox"/>
		General View			
2	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
3	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
4	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
5	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
6	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
7	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
8	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
9	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
10	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
11	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
12	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
13	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
14	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
15	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
16	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
17	27/09/19 09:04	General View		Load JPG	<input checked="" type="checkbox"/>
18	01/10/19 08:13	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
19	01/10/19 08:13	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
20	01/10/19 08:13	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
21	01/10/19 08:13	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	01/10/19 12:04	ComfortDelGro Engineering Pte Ltd (Braddell)		Load PDF	
		LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee			
No	Finalized On			Thumbnail	Print
1	26/09/19 10:20	ComfortDelGro Engineering Pte Ltd (Loyang)		Load PDF	
		E-filed GIA report			

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/TMI19017004/K1TF3E2

Date: 03/10/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd	Policy No: MK000576
Claimant	
Vehicle No : SH6681C	Insured Vehicle No : SLU5162E
Date of Loss: 19/09/2019	Nature of Claim: TP Claim No: M1907356

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH6681C		
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Engine No:	D4DFU551088
Reg. Date:	28/04/2016 (Man. Year: 2016)	Chassis No:	KMHLB41UMGU087770
Colour:	Blue	Odometer:	595309 km
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	536.00	0.00	536.00	100.00
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	300.00	100.00	200.00	66.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	847.00	111.00	736.00	86.89
+ GST 7.00/7.00% (S\$)	59.29	7.77	51.52	86.89
Nett Amount (S\$)	906.29	118.77	787.52	86.89

INSPECTION

Date of Assignment:	26/09/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	26/09/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	1.0 days		

Adjuster: KALVIN ANG WEI KUN**Manager:** DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 03 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 SH6681C)	
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		*WING MIRROR LH	Repair	670.00 FL	*- FL
						F=Franchise part. L=ListItemDisc.
					Sub Total (\$\$)	670.00 0.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	134.00 0.00
					Total Parts (\$\$)	536.00 0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
1	1	OD/TP Case (Insurer)	11.00	11.00
Sub Total (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	150.00	50.00
2	SPRAY PAINTING	New	150.00	50.00
Gross Labour Cost (\$\$)			300.00	100.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >