

ASS. REC. BY:

REF:

CS/TMS19017321/K2sf302

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Ngoo Sau Wei Shawn of TMS Date/Time: 01/10/2019

merimen

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 8405C Insured: SMM 5289D

at Workshop m/s ComfortDelgro Engineering Pte Ltd Tel: 6214 8300

of 59 Loyang Drive

Policy No: MS007422 Claim No: M1907688

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/09/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS ^{"wp"} H.O.D. Endorsement: _____

Date/Time: 02/10/2019 @10:55am Person Contacted: Juman Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMM 5289D : X
	SHC 8405C NBA/ENC1808996/Y DOA: 27/09/2018
03/10/19	@ 15:33 pm revised PA to Ngoo Sau Wei Shawn via merimen.

(08/11/13)

Surveyor: Kevin

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: _____

Veh No: SHC8405C Yr Regn: 27 Jan, 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / TP / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 240 c.c. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 809895 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KAMHLDX1UA F406456
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STDA / Rim or _____
 Tyre Size; F: 205/60R16
 R: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 30/1/19 D.O.I. 2/10/19
 Survey held at C/DGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>8/10/19</u>	<u>Grant 45 \$1000 / 2 Days.</u>
	<u>(\$ 676.06 Red 40%)</u>

RECEIVED 09 OCT 2019

Date/Time, File Pass to? 09/10/19
 1) Typist
 Date/Time, File Return to?
 2) _____

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

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

Survey Fee:	<u>250</u>
Transportation:	_____
Photos	_____
	<u>11</u>
	<u>261</u>

\$1,000/- 45

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	01 Oct 2019 17:11 Sendback Est	01 Oct 2019 17:18 S\$1,676.06	02 Oct 2019 09:28 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS			
Insured:	VIJAYAKUMAR KADERVEL, ID: S7982417H		
Main Claimant:	CTPL, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8405C	Date of Loss:	30/09/2019 19:00 - :59 [56 Months and 3 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1907688	Policy/Cover Note No.:	MS007422 (Comprehensive) Coverage: 02/07/2019 - 01/07/2021
Vehicle Reg. No. (Insured):	SMM5289D	Policy No. (Claimant):	
		Excess:	S\$0.00
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 Ngo Sau Wei Shawn]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 11/10/2019]		
ASSOCIATED MAIL RECEIVED			View All Compose Case Mail
There are no mail for this case.			
<input type="checkbox"/> 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.			

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

To: Tokio Marine Insurance Singapore Ltd
20 McCallum Street
#09-01 Tokio Marine Centre
Singapore 069046

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Ngo Sau Wei Shawn

Date: 03 Oct 2019

Preliminary Advice

Insured Vehicle No	: SMM5289D	Accident Date	: 30/09/2019
TP Vehicle No	: SHC8405C	Assignment Date	: 02/10/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2 days
Date of Inspection	: 02/10/2019		
Inspection At	: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,676.06
Revised Amount	:S\$	1,263.40
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,263.40

Lump Sum Repair :S\$

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments : TP : WP

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	01/10/2019 14:22
Date Of Accident	30/09/2019 19:25
Exact Location Of Accident	SLIP RD TO SENGKANG WEST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8405C
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	DANIEL LEE YOKE CHOY
NRIC No	S1228868I
Date Of Birth	06/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1977
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91698228
Fax Number	
Contact Number	
EMail Address	LEEDANIEL8228@GMAIL.COM

Address	BLK 885 TAMPINES STREET 83 #11-07
Postcode	520885
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]	TAMPINES NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191001/2053

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	SMM5289D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIJAYAKUMAR KADERVEL
NRIC/Passport Number	S7982417H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DANIEL LEE YOKE CHOY
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SHC8405C
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.**
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

[Handwritten Signature]

[Handwritten Signature] 1/18/19.

Policyholder's Signature
Date & Time:

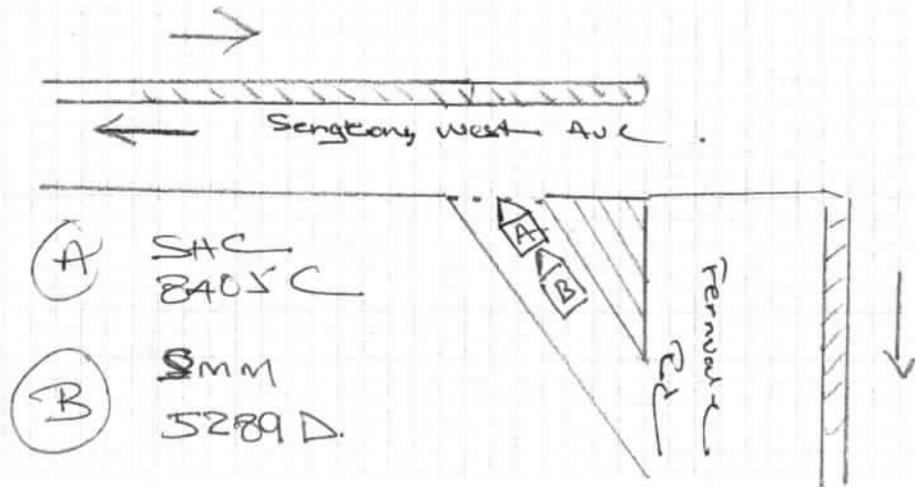
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police
Report

DECLARATION

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

COMFORT TRANSPORTATION PTE
CO. REG. NO. 198303821R

Policyholder's Signature
Date & Time:

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

J. A. Manji 1/10
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191001/2053

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20191001/2053

CONTINUATION OF REPORT

Driver			
Name	DANIEL LEE YOKE CHOY		ID No. S1228868I
Related Vehicle	SHC8405C (TAXI)		Contact No. 91698228
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/10/2019	Date Discharge	01/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	VIJAYAKUMAR KADERVEL		ID No. S7982417H
Related Vehicle	SMM5289D (Car)		Contact No. 91253424
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the 30/9/2019 at about 1925hrs, I was driving my blue Comfort taxi bearing SHC8405C along Fernvale Road. I then filter left to the filter lane heading towards Sengkang West Ave. I then stopped before merging onto Sengkang West Ave as there were oncoming vehicles. However, while I was waiting for the oncoming vehicles to clear, I felt a collision from my taxi's rear. I then made a check and realised that a black Honda HRV car bearing SMM5289D had collided into my taxi's rear.

As a result, there was a dent at my taxi's rear portion and there was a dent at the front left portion of the other car. As no one was injured at that point of time, we exchanged particulars and continued on our way.

On the 1/10/2019, I went to W Y Teh Family Clinic for neck and back pain and was given 3 days MC from 1/10/2019 till 3/10/2019.

As such, I am lodging a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20191001/2053

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

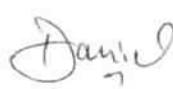
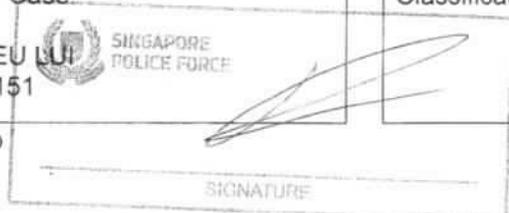
Report No. T/20191001/2053

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: G / Sgt 3 MUHAMMAD DANİYAL BIN BAHARUDDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2019 12:02
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP188	





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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

Kalme

Life Tokio

PARTICULARS OF CLAIM			
Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	30/09/2019
Vehicle Reg. No.:	SHC8405C	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	27/01/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4DFDU597818	Chassis No:	KMHLB41UMFU064456
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		
COST OF CLAIMS			Amount
Parts			935.06
Miscellaneous Items			11.00
Labour			730.00
Paintwork Labour			0.00
Towing			0.00
		Gross Total (S\$)	1,676.06
		+ GST 7.00% (S\$)	117.32
		Nett Amount (S\$)	1,793.38

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: 01 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:** **ComfortDelGro Engineering Pte Ltd/SHC8405C/01/10/2019 17:18****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>CM</i>	20.00	0.00	*553.00 FL
2	10		*REAR BUMPER CLIPS <i>all</i>	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER BRACKET SIDE LH <i>X see</i>	20.00	0.00	*35.60 FL
4	1		*REAR BUMPER BRACKET SIDE RH <i>X see</i>	20.00	0.00	*35.60 FL
5	1		*REAR BUMPER UNDER COVER <i>at</i>	20.00	0.00	*228.00 FL
6	1		*REAR BUMPER REVERSE SENSOR <i>X see</i>	0.00	0.00	*135.70 F
7	1		*REAR BUMPER RUBBER MAT <i>all</i>	0.00	0.00	*50.00 F
8	1		*REAR BUMPER ADVERTISEMENT LOGO <i>all</i>	0.00	0.00	*50.00 F

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	1,109.90
- List Item Discount on L Items (S\$)	174.84
Total Parts (S\$)	935.06

ComfortDelGro Engineering Pte Ltd/SHC8405C/01/10/2019 17:18. 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	350.00 280
2	SPRAY PAINTING CHARGE	New	250.00 200
3	WIRNIG CHARGE	New	50.00 20 X
4	REMOVE/REFIX REVERSE SENSOR	New	80.00 30
Gross Labour Cost (S\$)			730.00

ComfortDelGro Engineering Pte Ltd/SHC8405C/01/10/2019 17:18. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin (UIC)
2/20/19 11:15h
2 Days
U/S
After Repair gld



COMFORTDELGRO ENGINEERING

Our Job Ref No 305337887

Date : 07.10.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC8405C CTPL

30.09.19

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

1. The repair job shall bill to: TOKIO MARINE --- SMM5289D
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:	<u>20%</u>	<u>\$1,000.00</u>
Final Lumpsum Repair cost		<u>\$1,000.00</u>

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.

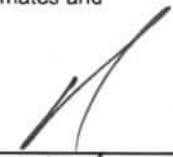
We confirm the estimates and finalized amount

Signature :  _____

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :  _____

Name : Calvin

Date : 8/10/19

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:

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	01 Oct 2019 17:11 Sendback Est	01 Oct 2019 17:18 S\$1,676.06	02 Oct 2019 09:28 Edit Adj Rpt	S\$1,000.00 Edit Estimates	S\$1,000.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	VIJAYAKUMAR KADERVEL , ID: S7982417H								
Main Claimant:	CTPL , Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHC8405C	Date of Loss:	30/09/2019 19:00 - :59 [56 Months and 3 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1907688	Policy/Cover Note No.:	MS007422 (Comprehensive) Coverage: 02/07/2019 - 01/07/2021						
Vehicle Reg. No. (Insured):	SMM5289D	Policy No. (Claimant):							
		Excess:	S\$0.00						
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 Ngo Sau Wei Shawn]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 11/10/2019]								
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.									

Claim Documents

SHC8405C (M1907688)
[SMM5289D]
TP
CTPL
Sep 30 2019 7:00PM
[VIJAYAKUMAR KADERVEL]
ComfortDelGro Engineering Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		View <input type="button" value="View in Browser"/>		
Video							1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)				Thumbnail	Print	
1	02/10/19 09:25	Video - Accident <small>From:SC - Reg. No: SMM5289D, Claimant: VIJAYAKUMAR KADERVEL</small>					Load MP4	
Assessment Reports							1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)				Thumbnail	Print	
1	01/10/19 17:18	Repairer Estimates					Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)				Thumbnail	Print	
1	02/10/19 09:25	Accident Statement <small>From:SC - Reg. No: SMM5289D, Claimant: VIJAYAKUMAR KADERVEL</small>					Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print	
1	03/10/19 15:33	Adjuster Immediate Advice					Load HTM	
Photos/Images							3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print	
1	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
2	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
3	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
4	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
5	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
6	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
7	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
8	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
9	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
10	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
11	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
12	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
13	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
14	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
15	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
16	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
17	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
18	03/10/19 07:59	General View					Load JPG <input checked="" type="checkbox"/>	
19	04/10/19 07:57	Reinspection Photo					Load JPG <input checked="" type="checkbox"/>	
20	04/10/19 07:57	Reinspection Photo					Load JPG <input checked="" type="checkbox"/>	
21	04/10/19 07:57	Reinspection Photo					Load JPG <input checked="" type="checkbox"/>	
22	04/10/19 07:57	Reinspection Photo					Load JPG <input checked="" type="checkbox"/>	
Documentation							1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)				Thumbnail	Print	
1	01/10/19 17:25	E-filed GIA report					Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		<input type="button" value="Reset"/>	<input type="button" value="Save"/>	<input type="button" value="Print"/>
There are no document checklists configured.				

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: Repairer Handling Insurer

Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/TMI19017321/K1SF3E2

Date: 11/10/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd Policy No: MS007422
 Claimant SHC8405C Insured Vehicle No : SMM5289D
 Vehicle No : SHC8405C
 Date of Loss: 30/09/2019 Nature of Claim: TP Claim No: M1907688

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8405C
 Make & Model: HYUNDAI I40, 1.7 D CRDi (A) Engine No: D4DFDU597818
 Reg. Date: 27/01/2015 (Man. Year: 2014) Chassis No: KMHLB41UMFU064456
 Colour: Blue Odometer: 809895 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	935.06	742.40	192.66	20.60	
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		
Calculated Gross Total (S\$)	1,676.06	1,263.40	412.66	24.62	
Approved Total (Overridden) (S\$)		1,000.00			
	(S\$)	1,676.06	1,000.00	676.06	40.34
	+ GST 7.00/7.00% (S\$)	117.32	70.00	47.32	40.33
	Nett Amount (S\$)	1,793.38	1,070.00	723.38	40.34

INSPECTION

Date of Assignment: 02/10/2019 Present Location: ComfortDelGro Engineering Pte Ltd (Loyang)
 Date Inspected: 02/10/2019 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: 11 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 SHC8405C)	
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	Cracked	553.00 FL	*553.00 FL	
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL	
3	1		*REAR BUMPER BRACKET SIDE LH	Serviceable	35.60 FL	*- FL	
4	1		*REAR BUMPER BRACKET SIDE RH	Serviceable	35.60 FL	*- FL	
5	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL	
6	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 F	*- F	
7	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 F	*50.00 F	
8	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 F	
					Sub Total (\$\$)	1,109.90	903.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	174.84	160.60
					Total Parts (\$\$)	935.06	742.40

F=Franchise part. L=ListItemDisc.

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 (S\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	350.00	280.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRNIG 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.

< END OF ESTIMATES >