

ASS. REC. BY:

REF: 08/TMI/1017746/Kvdsⁿ²

Special Instruction:

Surveyor: Kalvin
Merimen

ASSIGNMENT (Office)

From (Person): Nurulhaida

of

TMIDate/Time: 8/10/19 @ 12:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 7829M

Insured:

SLM 8718A

at Workshop m/s

Comfort Delgro

Tel:

624 8300

of

Salyang DrivePolicy No: MK000569

Claim No:

M1907844

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

6/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:53pm @ 8/10/19

Person Contacted:

Juneri

Vehicle:

IN/OUT

Date/Time

Action/Instruction

EstimateSH 7829M - CS/FC/18002483/d3 XXD.O.A. 20/11/2018SLM 8718A - X10/10/19Send preli raised via merimen

Surveyor: Kavin

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: _____ 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 7829M Yr Regn: 2TY, 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Sonata c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 46512 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVK4164878

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / M~~o~~ / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 9 mm Rear 9 mmR/Bal. 9 mmL/Bal. 9 mmD.O.A. 6/10/19 D.O.I. 8/10/19Survey held at C/DHE (Loyang)

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

for o/s

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

Date / Time Action / Instruction

10/10/19 Client PIP \$ 892/2hrs: (Recd 1478.74, 639)TOKIO
PIP

RECEIVED 10 OCT 2019

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 10/10 - typistDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

S + RS \$ _____

Photos

25011261

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: Nurulhaida Binte Mohd Seain

Date: 10 Oct 2019

Preliminary Advice

Insured Vehicle No	: SLM8718A	Accident Date	: 06/10/2019
TP Vehicle No	: SH7829M	Assignment Date	: 08/10/2019
Make	: HYUNDAI IONIQ HYBRID	Est. Duration of Repair	: 2
Date of Inspection	: 8/10/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,370.74
Revised Amount	:S\$	892.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	892.00

Lump Sum Repair	:S\$	
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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 :The above survey was conducted on a 'Without Prejudice' basis.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Oct 2019 16:38 Sendback Est	07 Oct 2019 16:50 S\$2,370.74	08 Oct 2019 12:14 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	LION CITY RENTALS PTE LTD, Co. Reg. No.: 201504621K		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SH7829M	Date of Loss:	06/10/2019 15:00 - :59 [3 Months and 4 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1907844	Policy/Cover Note No.:	MK000569 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLM8718A	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 Nurulhaida Binte Mohd Seain]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 17/10/2019]		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

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

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	07/10/2019 14:22
Date Of Accident	06/10/2019 14:40
Exact Location Of Accident	PASIR RIS DR 8 X JUNCTION TWDS PASIR RIS 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7829M
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	IONIQ HYBRID

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	YONG NIEW
NRIC No	S0871474F
Date Of Birth	30/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1974
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98077232
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 610 WOODLANDS AVENUE 4 #08-439
Postcode	730610
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191007/2048

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	SLM8718A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHERIFFA SHEIKHA
NRIC/Passport Number	S7511467B
Contact Number	97694779

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT LH

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YONG NIEW

Approximate Age

Injuries Sustain LOWER BACK

Injured person in which vehicle? SH7829M

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. 199303021R

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

(A) SH 7829m
 (B) SLM 8718A

Pillar R12 DK 8
 THW 12
 Pillar R12 DK 8

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report attached.

T/2019/007/2048

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO, REG. NO. 100301821R

Policyholder's Signature
Date & Time:

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

7/10/19
JACKSON HOOVER
JACKSON
Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191007/2048

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191007/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2019 12:03	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: YONG NIEW			Address: APT BLK 610 WOODLANDS AVENUE 4 #08-439 SINGAPORE 730610	
ID Type / ID No.: NRIC NO / S0871474F			Contact No.: Home/Office: Mobile: 98077232	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 30/06/1951	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4A,4	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/10/2019 14:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PASIR RIS DRIVE 8 PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7829M	Car				Slightly Damaged	2
SLM8718A	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191007/2048

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191007/2048

CONTINUATION OF REPORT

Driver			
Name	YONG NIEW	ID No.	S0871474F
Related Vehicle	SH7829M (Car)	Contact No.	98077232
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	07/10/2019	Date Discharge	07/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Sheriffa Sheikha	ID No.	S7511467B
Related Vehicle	SLM8718A (Car)	Contact No.	97694779
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 the 06/10/2019 at around about 2.40pm, I was driving on lane one. The traffic was slow and there was a jam. I was stationary when the other vehicle graze my right rear of my vehicle. The other vehicle was trying to enter a small road which allows a right turn. No one was conveyed by ambulance.

I went to Y M Chan Clinic & Surgery and received 3 days MC



**SINGAPORE
POLICE FORCE**



T/20191007/2048

3 of 3

Report No. T/20191007/2048

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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 / Sr Staff Sgt DZULHILMI BIN OMAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2019 12:03
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP168	

Date/Time: 07.10.2019 15:03

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305339541

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

COUNT CARD NO.

REGN NO.: SH 7829M

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL IONIQ(G2)

DATE/TIME IN 07.10.2019 13:20

YR OF MANU 02.07.2019

TARGET DATE

CHASSIS CODE KMH851CVKU164474

COMPLETION DATE/TIME:

Accident Date: 06.10.2019

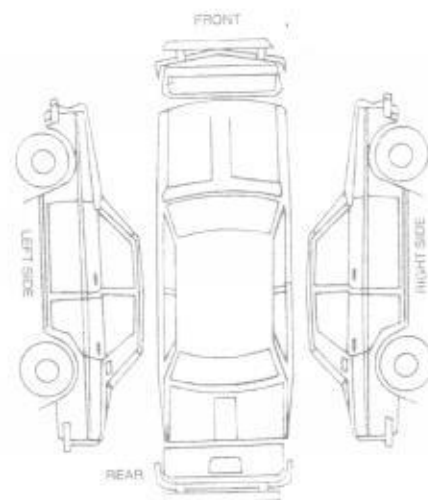
NATURE: 3P 06.10.2019

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 7829M

CHIANG

Vehicle No.: SH 7829M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	06/10/2019
Vehicle Reg. No.:	SH7829M	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	02/07/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU296093	Chassis No:	KMHC851CVKU164474
Odometer:	46512 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	1,279.74
Miscellaneous Items	11.00
Labour	1,080.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,370.74
+ GST 7.00% (\$\$)	165.95
Nett Amount (\$\$)	2,536.69

This claim is handled by: CHIANG LIAT CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 07 Oct 2019)
 Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: ComfortDelGro Engineering Pte Ltd/SH7829M/07/10/2019 16:50
 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>X repair</i>	20.00	0.00	*459.40 FL
2	1		*REAR BUMPER CENTRE MOULDING ASSY <i>X cut</i>	20.00	0.00	*451.25 FL
3	1		*REAR BUMPER LOWER CENTRE MOULDING ASSY <i>X</i>	20.00	0.00	*155.00 FL
4	2		*REAR BUMPER STAY LH/RH <i>X</i>	20.00	0.00	*276.20 FL
5	2		*REAR BUMPER SIDE BRACKER LH/RH <i>X</i>	20.00	0.00	*66.20 FL
6	10		*REAR BUMPER CLIP <i>X</i>	20.00	0.00	*22.00 FL
7	1		*REAR BUMPER REVERSE SENSOR <i>X</i>	0	0.00	*135.70 FS
Sub Total (S\$)						1,565.75
- List Item Discount on L Items (S\$)						286.01
Total Parts (S\$)						1,279.74

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

ComfortDelGro Engineering Pte Ltd/SH7829M/07/10/2019 16:50. 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

320
440.00

2 SPRAY PAINTING

New

200 500.00

3 WIRING

New

" " X 50.00

4 REMOVE /REFIX REVERSE SENSOR

New

" " X 90.00

Gross Labour Cost (S\$)

1,080.00

ComfortDelGro Engineering Pte Ltd/SH7829M/07/10/2019 16:50. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kah 16/11/19

8/10/19 1505hr

2 Pys

P'P

After Repair photo

LRK Auto Claims Int'l hereby notify
the Repairer of the following:

- To resurvey before repair commencing
- To display damaged parts during resurvey
- Parts prices are subject to pre-approval
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary items must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:

Date:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 09.10.2019
Time: 17:36:48
Page: 1

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

JOB NO : 305339541
REGN NO : SH 7829M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.07.2019
DATE/TIME IN : 07.10.2019 13:20
ACCIDENT DATE : 06.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 451.25 20.00 361.00

SUB-TOTAL : 361.00

JOB NATURE

0000 L MERIMEN FEE 11.00

0001 PB PANEL BEATING 320.00

0002 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 531.00

TOTAL : 892.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305339541

Date : 09/10/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SH7829M

06/10/19

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

2 The repair job shall bill to: TOKIO SLM8718A

2. The finalized amount shall be:

(a) Spare Parts after List discount \$361.00

(b) Labour Charges \$531.00

Total for Part-By-Part Repair Cost \$892.00

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

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 : 

Signature : 

Name : CHIANG

Name : KALVIN

Tel : 62148314

Date : 10/10/19

Fax : 65468156

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/TMI19017746/K1VD3N2

Date: 11/10/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000569
Claimant Vehicle No :	SH7829M	Insured Vehicle No :	SLM8718A
Date of Loss:	06/10/2019	Nature of Claim:	TP
		Claim No:	M1907844

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH7829M	Engine No:	G4LEKU296093
Make & Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Chassis No:	KMHC851CVKU164474
Reg. Date:	02/07/2019 (Man. Year: 2019)	Odometer:	46512 km
Colour:	Blue		
Engine Capacity:	1580 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:	Good

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Michelin 9 mm	Rear Left Side:	Michelin 9 mm
Front Right Side:	Michelin 9 mm	Rear Right Side:	Michelin 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,279.74	361.00	918.74	71.79
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,080.00	520.00	560.00	51.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	2,370.74	892.00	1,478.74	62.37
+ GST 7.00/7.00% (\$\$)	165.95	62.44	103.51	62.37
Nett Amount (\$\$)	2,536.69	954.44	1,582.25	62.37

INSPECTION

Date of Assignment:	08/10/2019	
Date Inspected:	08/10/2019 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: VERON CHEN

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: 192	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH7829M)
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	Repair	459.40 FL	*- FL
2	1	*REAR BUMPER CENTRE MOULDING ASSY	Cut	451.25 FL	*451.25 FL
3	1	*REAR BUMPER LOWER CENTRE MOULDING ASSY	Serviceable	155.00 FL	*- FL
4	2	*REAR BUMPER STAY LH/RH	Serviceable	276.20 FL	*- FL
5	2	*REAR BUMPER SIDE BRACKER LH/RH	Serviceable	66.20 FL	*- FL
6	10	*REAR BUMPER CLIP	Not Necessary	22.00 FL	*- FL
7	1	*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
				Sub Total (S\$)	1,565.75 451.25
				- List Item Discount on L Items 20.00/20.00% (S\$)	286.01 90.25
				Total Parts (S\$)	1,279.74 361.00

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

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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 (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	440.00	320.00
2	SPRAY PAINTING	New	500.00	200.00
3	WIRING	New	50.00	0.00
4	REMOVE /REFIX REVERSE SENSOR	New	90.00	0.00
Gross Labour Cost (\$\$)			1,080.00	520.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >