

(08/11/13)

Surveyor: KalvinREF: CC3/TM119017868/Klyf302

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: SMK 476Z

Policy No. _____

Claims No. TP / M1907838

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: SHC 8627D Yr Regn: 7 Jan, 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 C.C. 1.685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 478141 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CM11CB41UMG9087071Gen. 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 / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 7/10/19 D.O.I. 8/10/19Survey held at C/DHE (Loyang)

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

O/S Body

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

| Date / Time | Action / Instruction |
|-------------|---|
| | SHC 8627D - CC3/QBE/16008422/4106392 HUA - 04/05/2016 Tokri |
| | SMK 476Z - X 45 |
| 11/10/19 | Label 45 \$1200 / 2 Reps. (Red \$1445-28, 54%) |
| 14/10/19 | Email GIA & preli revised to TM1 |
| | RECEIVED 18 OCT 2019 |

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

16/10/19 Typist45 \$1200fDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 290

Transportation: _____

S + RS: _____

Photos _____

11

261

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|---|--|--|---------|---------------|------------|---|
| Main | 07 Oct 2019 Sendback Est | 07 Oct 2019 17:21 S\$2,645.28 | 14 Oct 2019 09:50 Edit Adj Rpt | | | | Pending for Survey Report Cancel Case |

| | | | | |
|------|-----------|---------------|-----------|--------------------------|
| Main | Reference | Claim Details | Documents | Show All |
|------|-----------|---------------|-----------|--------------------------|

CLAIM SUBFOLDER DETAILS

| | | | | |
|-----------------------------|--|------------------------|--|--|
| Insured: | COMFORT LIMOUSINE SERVICES PTE LTD, Co. Reg. No.: 201508380W | | | |
| Main Claimant: | CTPL | | | |
| Vehicle Reg. No.: | SHC8627D | Date of Loss: | 07/10/2019 00:00 - :59 [45 Months From LTA Reg Date (Man Yr)] | |
| Claim Type: | TP / M1907838 | Policy/Cover Note No.: | MG000530 (Comprehensive) Coverage: 15/10/2018 - 14/10/2019 | |
| Vehicle Reg. No. (Insured): | SMK476Z | Policy No. (Claimant): | | |
| | | Excess: | S\$1,800.00 | |
| 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 Dillen Senthilan so Selvarajoo] | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 23/10/2019] | | | |

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

ASSOCIATED MAIL RECEIVED

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. | | | | | | | | | |

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 14 October 2019 9:06 AM
To: SUR; motorclaims@tokiomarine.com.sg
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD , DOA: 7/10/2019, SHC 8627D (TP VEHICLE), SMK 476Z (OI VEHICLE)
Attachments: EST.pdf; GIA.pdf; PRELI REVISED.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 8627D at M/s: COMFORTDEGLRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 8/10/2019

Enclosed herewith a copy of TP's GIA report, estimated cost of repair and preliminary revised.

Kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler **on behalf of Yvonne**

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: PLEASE ADVISED

Our ref: CC3/TMI19017868/K1yf3

Date: 14/10/2019

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Madam,

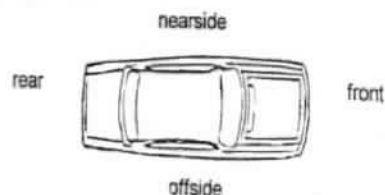
PRELIMINARY ADVICE OF VEHICLE NO. SHC 8627D

Please be informed that we had conducted the inspection of the above mentioned vehicle on 8/10/2019 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

| | |
|--------------------------|--------------------------|
| Workshop Estimate Amount | : S\$2,645.28 |
| Revised Estimate Amount | : S\$1,200.00 (LUMP SUM) |
| "Check" Items Amount | : S\$ |
| Market Value | : S\$ |
| LTA Reimbursement Value | : S\$ |
| Nett Value | : S\$ |

Description of Damage:

The vehicle sustained damages at the o/s body



Comments/Present Status:
Damages Consistent

Yours faithfully,

Kalvin Ang
Technical Investigator
Technical Investigation & Reconstructionist (SAE-A)

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 GlA 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 16:03 |
| Date Of Accident | 07/10/2019 13:05 |
| Exact Location Of Accident | JURONG GATEWAY RD. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC8627D |
| 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 | 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 | KOH CHONG SOON |
| NRIC No | S1108323D |
| Date Of Birth | 09/04/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/10/1978 |
| Driving Experience | 41 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84883841 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | 17 #01-83 TIONG BAHRU ROAD |
| Postcode | 163017 |
| 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 - OPENING DOOR OF VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

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 | SMK476Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TEH CHENG HAI |
| NRIC/Passport Number | S2625801D |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | LEFT REAR DOOR |

No. Of Passenger'(Including Driver)

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.

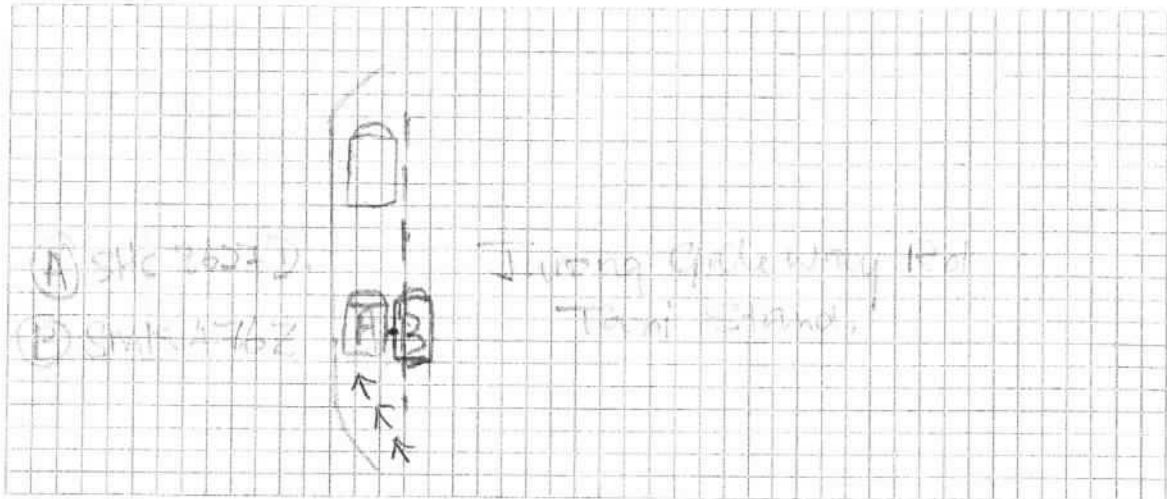
COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/10/2019 at about 1305 hrs, I vehicle A was driving my taxi along Jurong gateway Rd Taxi Stand. Vehicle B was alighting his passenger in between dot white lines when I entrance the taxi Stand drive way. Vehicle B passenger open left rear door when I passed by hit against my right front wing. mirror cracked. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LIM
CO REG NO. 199393821R

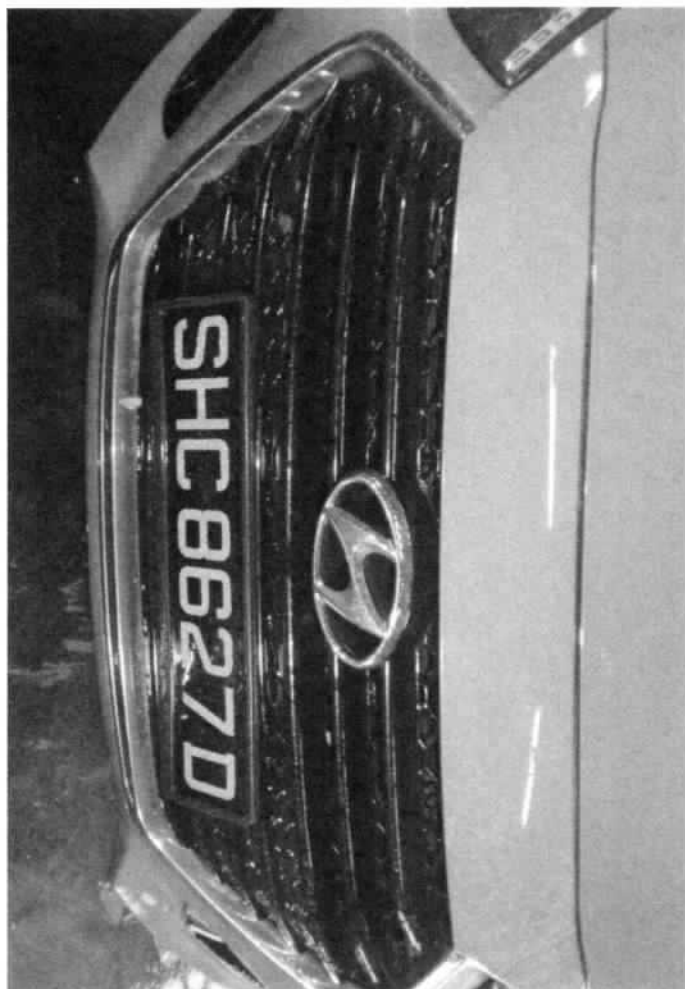
Policyholder's Signature
Date & Time:

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

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

COMFORT Sketch Plan Form_V01

7/10/19
Jackson Lim
CSO
Person





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305339549

TOMER

AS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

OUNT CARD NO.

REGN NO.:

SHC8627D

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN 07.10.2019 14:10

YR OF MANU

07.01.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU083071

COMPLETION DATE/TIME:

JOB DESCRIPTION

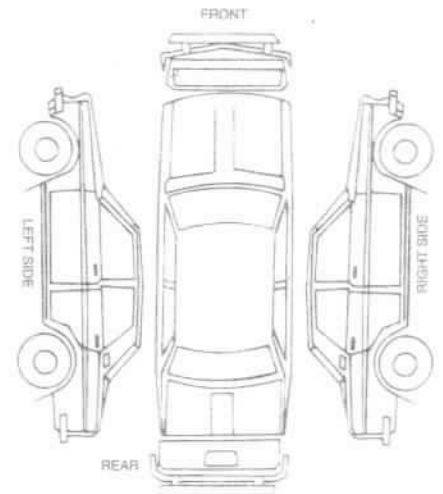
Accident Date: 07.10.2019

NATURE: 3P 07.10.19

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC8627D

JU TOKIO LKK

Vehicle No.:

SHC8627D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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

Handwritten signature: JUMANI BIN MASUDIN

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|--|--------------------|-------------------|
| Claim Type: | THIRD PARTY | Ref. No: | |
| Policy No: | | Date of Loss: | 07/10/2019 |
| Vehicle Reg. No.: | SHC8627D | Driveable? | YES |
| Party At Fault: | UNKNOWN | | |
| Make/Model: | HYUNDAI I40, 1.7 D CRDI (A) | Vehicle Reg. Date: | 07/01/2016 |
| Vehicle Colour: | BLUE | Gen Condition: | GOOD |
| Engine No: | D4FDFU580532 | Chassis No: | KMHLB41UMGU083071 |
| Odometer: | 0 KM | | |
| Paint Type: | | | |
| List Item Discount: | 20.00 % | | |
| Total Loss? | NO | | |
| Est. Duration of Repair (day) | 5 | | |
| Present Location: | COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) | | |

COST OF CLAIMS

| | Amount |
|--------------------------|-----------------|
| Parts | 1,384.28 |
| Miscellaneous Items | 11.00 |
| Labour | 1,250.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |
| Gross Total (S\$) | 2,645.28 |
| + GST 7.00% (S\$) | 185.17 |
| Nett Amount (S\$) | 2,830.45 |

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: 07 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/SHC8627D/07/10/2019 17:21**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 | | *FRT RH SIDE MIRROR <i>Broken</i> | 20.00 | 0.00 | *670.00 FL |
| 2 | 1 | | *FRT RH DOOR GLASS <i>x repair</i> | 20.00 | 0.00 | *228.20 FL |
| 3 | 1 | | *FRT RH DOOR OUTER MOULDING <i>Prd</i> | 20.00 | 0.00 | *47.10 FL |
| 4 | 1 | | *FRT RH DOOR COMFORTDELGRO LOGO <i>acc</i> | 0.00 | 0.00 | *75.00 F |
| 5 | 1 | | *FRT RH DOOR ADVERTISEMENT STICKER <i>acc</i> | 0.00 | 0.00 | *100.00 F |
| 6 | 1 | | *FRT RH FENDER <i>x repair</i> | 20.00 | 0.00 | *566.30 FL |

F=Franchise part, L=ListItemDisc.

| | |
|---------------------------------------|-----------------|
| Sub Total (S\$) | 1,686.60 |
| - List Item Discount on L Items (S\$) | 302.32 |
| Total Parts (S\$) | 1,384.28 |

ComfortDelGro Engineering Pte Ltd/SHC8627D/07/10/2019 17:21. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|----------------------------|-----|----------------------|--------|
| Miscellaneous Items | | | |
| 1 | 1 | OD/TP Case (Insurer) | 11.00 |
| Sub Total (S\$) | | | 11.00 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|-------------------------|---------------|----------|--------------------------|
| Labour Items | | | |
| 1 | PANEL BEATING | New | 280 600.00 |
| 2 | SPRAYPAINT | New | 450 600.00 |
| 3 | WIRING | New | 20 50.00 |
| Gross Labour Cost (S\$) | | | 1,250.00 |

ComfortDelGro Engineering Pte Ltd/SHC8627D/07/10/2019 17:21. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalun 16 (K)

8/10/19 1030h

2 Png

L/S

After Repair photo

LKK Auto Components hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Any final modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No 305339549

Date : 10/10/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC8627D

30533809 07/10/19

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

1. The repair job shall bill to: TOKIO --- SMK476Z
###
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) N ###
Total for Lumpsum repair cost after Less: 20% \$1,200.00
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 : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Calvin

Date : 11/10/19

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 | | N | | |
| 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'd | Status |
| Main | 07 Oct 2019 Sendback Est | 07 Oct 2019 17:21 \$2,645.28 | 14 Oct 2019 09:50 Edit Adj Rpt | \$1,200.00 Edit Estimates | \$1,200.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|--|-----------|--|------------|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS | | | | | | | | | |
| Insured: COMFORT LIMOUSINE SERVICES PTE LTD , Co. Reg. No.: 201508380W | | | | | | | | | |
| Main Claimant: CTPL | | | | | | | | | |
| Vehicle Reg. No.: SHC8627D | | Date of Loss: 07/10/2019 00:00 - :59 [45 Months From LTA Reg Date (Man Yr)] | | | | | | | |
| Claim Type: TP / M1907838 | | Policy/Cover Note No.: MG000530 (Comprehensive) Coverage: 15/10/2018 - 14/10/2019 | | | | | | | |
| Vehicle Reg. No. (Insured): SMK476Z | | Policy No. (Claimant): | | | | | | | |
| | | Excess: \$1,800.00 | | | | | | | |
| 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 Dillen Senthilan so Selvarajoo] | | | | | | | | | |
| Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 23/10/2019] | | | | | | | | | |
| 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

SHC8627D (M1907838)
[SMK476Z]
TP
CTPL
Oct 7 2019 12:00AM
[COMFORT LIMOUSINE SERVICES PTE LTD]
ComfortDelGro Engineering Pte Ltd

| | | | | | | | |
|---------------------------|-----------------|--|--|--------------------|--|---|-------------------------------------|
| Upload Documents | | Upload Photos | | Compose New Letter | | View <input type="button" value="View in Browser"/> | |
| Assessment Reports | | | | | | 1 per page | <input checked="" type="checkbox"/> |
| No | Finalized On | ComfortDelGro Engineering Pte Ltd (Loyang) | | | | Thumbnail | Print |
| 1 | 07/10/19 17:21 | Repairer Estimates | | | | Load HTM | |
| No | Finalized On | Tokio Marine Insurance Singapore Ltd (HQ) | | | | Thumbnail | Print |
| 1 | 09/10/19 12:26 | Accident Statement From:SC - Reg. No: SMK476Z, Claimant: COMFORT LIMOUSINE SERVICES PTE LTD | | | | Load HTM | |
| Photos/Images | | | | | | 3 per page | <input checked="" type="checkbox"/> |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | | | Thumbnail | Print |
| 1 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 2 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 3 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 4 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 5 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 6 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 7 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 8 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 9 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 10 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 11 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 12 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 13 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 14 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 15 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 16 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 17 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 18 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 19 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 20 | 15/10/19 08:36 | General View | | | | Load JPG | <input checked="" type="checkbox"/> |
| 21 | 15/10/19 08:36 | Reinspection Photo | | | | Load JPG | <input checked="" type="checkbox"/> |
| 22 | 15/10/19 08:36 | Reinspection Photo | | | | Load JPG | <input checked="" type="checkbox"/> |
| 23 | 15/10/19 08:36 | Reinspection Photo | | | | Load JPG | <input checked="" type="checkbox"/> |
| 24 | 15/10/19 08:36 | Reinspection Photo | | | | Load JPG | <input checked="" type="checkbox"/> |
| 25 | 15/10/19 08:36 | Reinspection Photo | | | | Load JPG | <input checked="" type="checkbox"/> |
| Documentation | | | | | | 1 per page | <input checked="" type="checkbox"/> |
| No | Finalized On | ComfortDelGro Engineering Pte Ltd (Braddell) | | | | Thumbnail | Print |
| 1 | 15/10/19 16:32 | LOD, Invoice, LOR, Mileage Record, LA, LTA Search Fee | | | | Load PDF | |
| No | Finalized On | ComfortDelGro Engineering Pte Ltd (Loyang) | | | | Thumbnail | Print |
| 1 | 07/10/19 17:23 | E-filed GIA report | | | | Load PDF | |
| No | Finalized On | Tokio Marine Insurance Singapore Ltd (HQ) | | | | Thumbnail | Print |
| 1 | 14/10/19 09:48 | MARKED ESTIMATE | | | | Load PDF | |
| 2 | 14/10/19 09:48 | PRELIMINARY ADVICE | | | | Load PDF | |
| 3 | 22/10/19 13:00 | Letter of Demand from Third Party | | | | Load TIF | |

Documents Checklist

| | | | |
|---------------------|-------|------|-------|
| DOCUMENTS CHECKLIST | Reset | Save | 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: CC3/TMI19017868/K1YF3E2

Date: 22/10/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MG000530

Claimant

Vehicle No : SHC8627D

Insured Vehicle No : SMK476Z

Date of Loss: 07/10/2019

Nature of Claim: TP

Claim No: M1907838

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8627D

Make & Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4FDEU493755

Reg. Date: 07/01/2016 (Man. Year: 2015)

Chassis No: KMHLB41UMGU083071

Colour: Blue

Odometer: 478141 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: Average

CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: West Lake 7 mm

Rear Left Side: West Lake 7 mm

Front Right Side: West Lake 7 mm

Rear Right Side: West Lake 7 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--|-----------------|-----------------|-----------------|--------------|
| Parts | 1,384.28 | 713.68 | 670.60 | 48.44 |
| Miscellaneous Items | 11.00 | 11.00 | 0.00 | 0.00 |
| Labour | 1,250.00 | 750.00 | 500.00 | 40.00 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 2,645.28 | 1,474.68 | 1,170.60 | 44.25 |
| Approved Total (Overridden) (S\$) | | 1,200.00 | | |
| (S\$) | 2,645.28 | 1,200.00 | 1,445.28 | 54.64 |
| + GST 7.00/7.00% (S\$) | 185.17 | 84.00 | 101.17 | 54.64 |
| Nett Amount (S\$) | 2,830.45 | 1,284.00 | 1,546.45 | 54.64 |

INSPECTION

Date of Assignment: 14/10/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

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: YVONNE WONG YIN 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: 22 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 SHC8627D) | |
| 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 | | *FRT RH SIDE MIRROR | Broken | 670.00 FL | *670.00 FL |
| 2 | 1 | | *FRT RH DOOR GLASS | Repair | 228.20 FL | *- FL |
| 3 | 1 | | *FRT RH DOOR OUTER MOULDING | Dented | 47.10 FL | *47.10 FL |
| 4 | 1 | | *FRT RH DOOR COMFORTDELGRO LOGO | Necessary | 75.00 F | *75.00 FL |
| 5 | 1 | | *FRT RH DOOR ADVERTISEMENT STICKER | Necessary | 100.00 F | *100.00 FL |
| 6 | 1 | | *FRT RH FENDER | Repair | 566.30 FL | *- FL |

F=Franchise part. L=ListItemDisc.

| | | |
|--|-----------------|---------------|
| Sub Total (\$\$) | 1,686.60 | 892.10 |
| - List Item Discount on L Items 20.00/20.00% (\$\$) | 302.32 | 178.42 |
| Total Parts (\$\$) | 1,384.28 | 713.68 |

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 | 600.00 | 280.00 |
| 2 | SPRAYPAINT | New | 600.00 | 450.00 |
| 3 | WIRING | New | 50.00 | 20.00 |
| Gross Labour Cost (S\$) | | | 1,250.00 | 750.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >