

(08/11/13)

Surveyor: Kelvin

REF: CC3/TMS190181001 Klvf352

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: SLQ 2220LPolicy No. MK 00576Claims No. M1908028

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: SHB 6348C Yr Regn: 21 Oct, 2013

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

Truck / Trailer or

Make: Hyundai C.C. 1685Colour: Blk A/C: Insured / Std / NI / NASp. Reading: 7 25295 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMKL0411A D1041827Gen. Cond: Good / Fb / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD XR / Rim orTyre Size: F: 205/6.0R16

R: _____

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

TOYO / YOKO or Wetake.

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 12/10/19 D.O.I. 14/10/19Survey held at C/DGE (Loyang)

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

1/5 Body

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

Date / Time	Action / Instruction
	SHB 6348C - NA / AIG 17006096/r3 D.O.A. - 02/04/2017 2.140
	SLQ 2220L - X 45
15/10/19	Email GIA & preli revised to TMS
16/10/19	Chd 45 & 2250/2019. (Red 1414.16, 3870)
	RECEIVED 16 OCT 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 16/10 - typist

Days Of Repair: 2Resurvey No. of Trip: -Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 250

Transportation: _____

S + RS \$ _____

Photos _____

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Oct 2019 Sendback Est	14 Oct 2019 12:37 S\$3,664.16	15 Oct 2019 11:40 Edit Adj Rpt				Pending for Survey Report 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:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R			
Vehicle Reg. No.:	SHB6348C	Date of Loss:	12/10/2019 00:00 - :59 [71 Months and 12 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1908028	Policy/Cover Note No.:	MK000576 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020	
Vehicle Reg. No. (Insured):	SLQ2220L	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 Telma Gomez - 65926402]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 24/10/2019]			
Adj Asg. Remarks:	OI HAS NOT RPT THE ACCDT			

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.									

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 15 October 2019 2:10 PM
To: SUR; motorclaims@tokiomarine.com.sg
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD , DOA: 12/10/2019, SHB 6348C (TP VEHICLE), SLQ 2220L (OI VEHICLE)
Attachments: EST.pdf; GIA.pdf; PRELI REVISED.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 6348C at M/s: COMFORTDEGLRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 14/10/2019

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

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/TMI19018100/K1vf3

Date: 15/10/2019

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Madam,

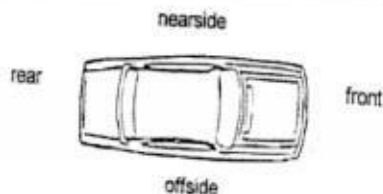
PRELIMINARY ADVICE OF VEHICLE NO. SHC 6348C

Please be informed that we had conducted the inspection of the above mentioned vehicle on 14/10/2019 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$3,664.16
Revised Estimate Amount	: S\$966.00
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the n/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 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	14/10/2019 07:32
Date Of Accident	12/10/2019 15:20
Exact Location Of Accident	MOUNT ELIZABERT AND MOUNT ELIZABERT LINK T-JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6348C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	LEE NANG HOCK
NRIC No	S1466761Z
Date Of Birth	07/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1985
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86615993
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	19 06-140 JALAN TENTERAM
Postcode	321019
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 - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

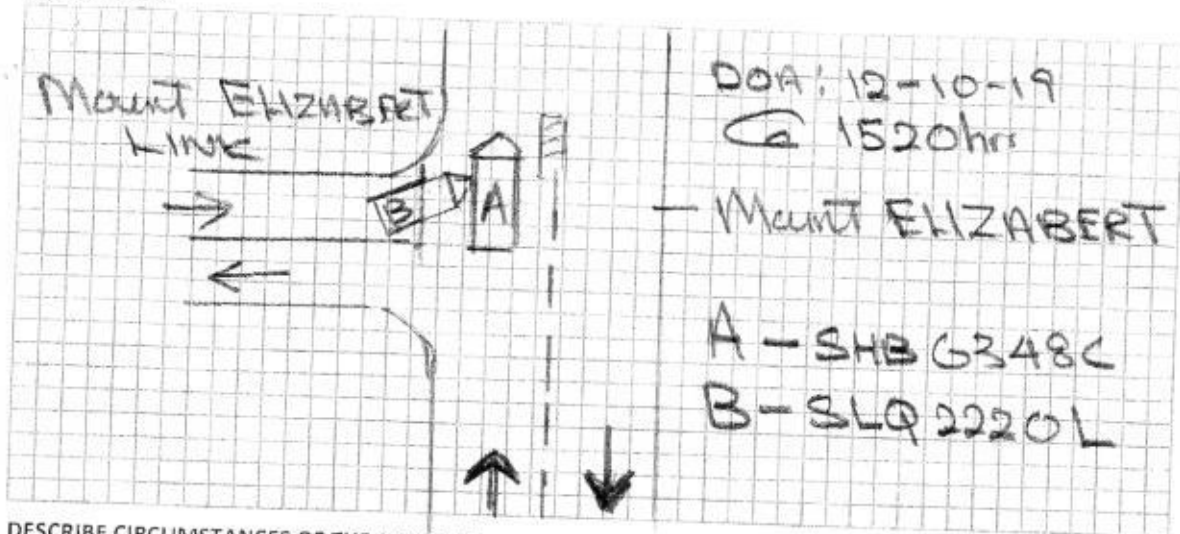
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ2220L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12-10-2019 G 1520hrs, I was driving along Mount ELIZABETH toward Paragon Medical Centre.

Suddenly Vehicle SLQ 2220L (B) from ELIZABETH LINK Junction without stop and hit my taxi on the left side where cause damaged.

There is video footage on the scene.
No Pax on board and No Injury.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303621R

Policyholder's Signature
Date & Time:

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

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

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. 199303621R

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.:







Date/Time: 14.10.2019 11:54

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305340997

TOMER

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

(P)

COUNT CARD NO.

REGN NO. SHB6348C

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 13.10.2019 09:10

YR OF MANU 31.10.2013

TARGET DATE

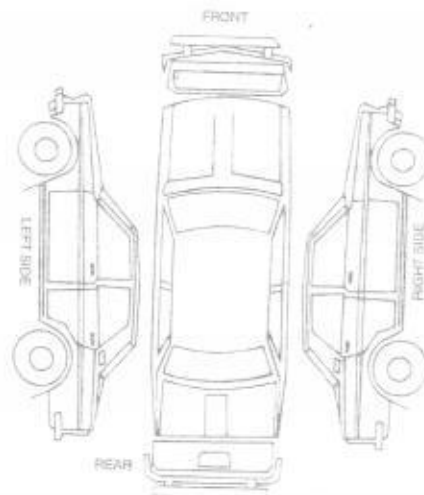
CHASSIS CODE KMHLB41UMDU041829

COMPLETION DATE/TIME:

Accident Date: 12.10.2019
NATURE: 3P 12.10.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHB6348C

JU TOKIO LKK

Vehicle No.:

SHB6348C

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:199506048W)
 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:	12/10/2019
Vehicle Reg. No.:	SHB6348C	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	31/10/2013
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDDU369435	Chassis No:	KMHLB41UMDU041829
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	2,533.16
Miscellaneous Items	11.00
Labour	1,120.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,664.16
+ GST 7.00% (S\$)	256.49
Nett Amount (S\$)	3,920.65

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: 14 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/SHB6348C/14/10/2019 12:37
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 DOOR LH x repair / <i>Bolt</i>	20.00	0.00	*2,256.40 FL
2	1		*FRT FENDER LH <i>x repair</i>	20.00	0.00	*566.30 FL
3	1		*FRT DOOR COMFORT LOGO LH / <i>mc</i>	0.00	0.00	*75.00 F
4	1		*FRT DOOR ADVERTISEMENT LOGO LH / <i>mc</i>	0.00	0.00	*100.00 F
5	1		*FRT FENDER ADVERTISEMENT LOGO LH / <i>mc</i>	0.00	0.00	*100.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	3,097.70
- List Item Discount on L Items (S\$)	564.54
Total Parts (S\$)	2,533.16

ComfortDelGro Engineering Pte Ltd/SHB6348C/14/10/2019 12:37. 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~~

2 SPRAYPAINT

New

~~400.00~~

3 WIRING

New

~~500.00~~ 400

4 TUFF KOTE

New

~~50.00~~ 20

5 TRANSFER DOOR PARTS

New

~~50.00~~ 20~~120.00~~ 50

Gross Labour Cost (S\$)

1,120.00

ComfortDelGro Engineering Pte Ltd/SHB6348C/14/10/2019 12:37. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kahin 16/11/19

14/10/19 1245L

2 bgs.

4/s

After Repair photo

LKK Auto Consultants 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
- No illegal modification(s) is allowed
- Supplementary work(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Our Job Ref No 305340997
Date : 15/10/2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHB6348C

Fax :
305333809 12/10/19

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

1. The repair job shall bill to: TOKIO --- SLQ2220L
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost** ###
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$2,250.00
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 : Kalvin
Date : 16/10/19

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	14 Oct 2019 Sendback Est	14 Oct 2019 12:37 \$3,664.16	15 Oct 2019 11:40 Edit Adj Rpt	\$2,250.00 Edit Estimates	\$2,250.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	LION CITY RENTALS PTE LTD, Co. Reg. No.: 201504621K		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHB6348C	Date of Loss:	12/10/2019 00:00 - :59 [71 Months and 12 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1908028	Policy/Cover Note No.:	MK000576 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLQ2220L	Policy No. (Claimant):	
		Excess:	\$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 Telma Gomez - 65926402]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 24/10/2019]		
Adj Asg. Remarks:	OI HAS NOT RPT THE ACCDT		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

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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

SHB6348C (M1908028)
[SLQ2220L]
TP
COMFORT TRANSPORTATION PTE LTD
Oct 12 2019 12:00AM
[LION CITY RENTALS PTE LTD]
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)
[View](#) [View in Browser](#)

Assessment Reports

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	1 per page	Thumbnail	Print
1	14/10/19 12:37	Repairer Estimates		Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	15/10/19 18:48	Accident Statement From:SC - Reg. No: SLQ2220L, Claimant: LION CITY RENTALS PTE LTD		Load HTM	

Photos/Images

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	3 per page	Thumbnail	Print
1	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
2	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
3	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
4	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
5	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
6	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
7	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
8	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
9	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
10	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
11	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
12	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
13	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
14	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
15	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
16	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
17	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
18	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
19	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
20	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
21	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
22	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
23	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
24	16/10/19 07:53	General View		Load JPG	<input checked="" type="checkbox"/>
25	16/10/19 08:54	General View		Load JPG	<input checked="" type="checkbox"/>
26	16/10/19 08:54	General View		Load JPG	<input checked="" type="checkbox"/>
27	16/10/19 08:54	General View		Load JPG	<input checked="" type="checkbox"/>
28	16/10/19 08:54	General View		Load JPG	<input checked="" type="checkbox"/>

Documentation

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	1 per page	Thumbnail	Print
1	14/10/19 12:38	E-filed GIA report		Load PDF	

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/TMI19018100/K1VF3S2
Date: 21/10/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MK000576

Claimant Vehicle No: SHB6348C

Insured Vehicle No: SLQ2220L

Date of Loss: 12/10/2019

Nature of Claim: TP Claim No: M1908028

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB6348C

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

Engine No: D4FDEU449418

Reg. Date: 31/10/2013 (Man. Year: 2013)

Chassis No: KMHLB41UMDU041829

Colour: Blue

Odometer: 725295 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: Fair Steering (Serviceable): Yes Footbrake (Serviceable): Yes
Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Average

CONDITION OF TYRES

Front Tyre Size: 205/60R16

Rear Tyre Size: 205/60R16

Front Left Side: West Lake 7 mm

Rear Left Side: West Lake 7 mm

Front Right Side: West Lake 7 mm

Rear Right Side: West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,533.16	2,080.12	453.04	17.88
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,120.00	730.00	390.00	34.82
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,664.16	2,821.12	843.04	23.01
Approved Total (Overridden) (S\$)		2,250.00		
(S\$)	3,664.16	2,250.00	1,414.16	38.59
+ GST 7.00/7.00% (S\$)	256.49	157.50	98.99	38.59
Nett Amount (S\$)	3,920.65	2,407.50	1,513.15	38.59

INSPECTION

Date of Assignment: 15/10/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 14/10/2019 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: 21 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 SHB6348C)
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 DOOR LH	Buckled	2,256.40 FL	*2,256.40 FL
2	1		*FRT FENDER LH	Repair	566.30 FL	*- FL
3	1		*FRT DOOR COMFORT LOGO LH	Necessary	75.00 F	*75.00 F
4	1		*FRT DOOR ADVERTISEMENT LOGO LH	Necessary	100.00 F	*100.00 F
5	1		*FRT FENDER ADVERTISEMENT LOGO LH	Necessary	100.00 F	*100.00 F
					Sub Total (\$\$)	3,097.70
					- List Item Discount on L Items 20.00/20.00% (\$\$)	564.54
					Total Parts (\$\$)	2,533.16
						2,080.12

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	280.00
2	SPRAYPAINT	New	500.00	400.00
3	WIRING	New	50.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	TRANSFER DOOR PARTS	New	120.00	50.00
Gross Labour Cost (S\$)			1,120.00	730.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >