

ASS. REC. BY:

REF: CS/TM19018639/Klyf3

Special Instruction:

photo O.K

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Dillon Sathilan SO Selwanga of TMIDate/Time: 22.10.19 12.5p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHA 19172Insured: XD 5441Yat Workshop m/s Comfortdugro Engineering
of 59 Iohang DriveTel: 6214 8300Policy No: MJ001333Claim No: M 1908249

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 19.10.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 22.10.19 1.06p.m

Person Contacted:

Jumadi

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 19172 - CS/FCL19017613/Klyf3 ROR - 09/09/2019
	XD 5441Y - X
24/10/19	Sent Preli by Merimen

merimen

(08/11/13)

Surveyor: Kelvin

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: _____

(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: SHA 19172 Yr Regn: 2 Sep 2015

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

Truck / Trailer or

Make: Hyundai 2.0 c.c. 1.65Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 762096 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KAHLDY14M64077245

Gen. 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 MichFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmL/Bal. 7 mmD.O.A. 19/10/19 D.O.I. 22/10/19Survey held at C/DGE (Loyang)

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

O/S Front

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

Date / Time Action / Instruction

25/10/19 Club up \$3450 / 3 hrs. (Red \$2872-97, 45%) To 45

RECEIVED 30 OCT 2019

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

25/10/19 Typist
LIS \$3450/-Days Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

) Photos

) \$ + RS, \$

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Oct 2019 Sendback Est	21 Oct 2019 17:06 S\$5,909.32	22 Oct 2019 12:25 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:	TEE ENVIRONMENTAL PTE LTD, Co. Reg. No.: 200106873W								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHA1917Z	Date of Loss:	19/10/2019 00:00 - :59 [49 Months and 16 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1908249	Policy/Cover Note No.:	MJ001333 (TP, Fire & Theft) Coverage: 03/10/2019 - 02/10/2020						
Vehicle Reg. No. (Insured):	XD5441Y	Policy No. (Claimant):							
		Excess:	S\$3,500.00						
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 ... [Final Rpt due 01/11/2019]								
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.									

Note: This document has not been finalised.

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: Dillen Senthilan so Selvarajoo

Date: 24 Oct 2019

Preliminary Advice

Insured Vehicle No	: XD5441Y	Accident Date	: 19/10/2019
TP Vehicle No	: SHA1917Z	Assignment Date	: 22/10/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 3.00
Date of Inspection	: 22/10/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	5,909.32
Revised Amount	:S\$	3,485.95
Check Items (Estimated)	:S\$	523.70
Total	:S\$	4,009.65

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 : The above survey was conducted on a without "prejudice" basis.

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	21/10/2019 14:49
Date Of Accident	19/10/2019 19:05
Exact Location Of Accident	ORCHARD RD X NUTMEG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1917Z
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	LUM SOON FOO
NRIC No	S1317318D
Date Of Birth	14/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1980
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97721621
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 314B ANCHORVALE LINK #15-127
Postcode	542314
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE

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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	XD5441Y
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AJMAN@AJAMAN BIN HASHIM
NRIC/Passport Number	
Contact Number	86510021
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	LEFT FRT
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.

COMET AT TRANSPORTATION PTE LTD
100, BELLERBY ROAD, SINGAPORE 110119

Policyholder's Signature
Date & Time:

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

20/10/19
JACKSON (190)
C.S.O.
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SIASAVE SketchPlanForm_02



SKETCH PLAN

See the attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See the attached

DECLARATION

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

COMFORT TRANSPORTATION (PTE) LTD
100, ROSS RD, #01-100, 119005, SINGAPORE

Policyholder's Signature
Date & Time:

5/11/19

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

20/11/19 Jackson
Jackson
CSO

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

POP DAK

NUTMEG
ROAD

LUCKY PLAZA
DRIVE-WAY



ORCHARD
ROAD



Date:

No.

No.:

Date:

On 19.10.19 about 7.05pm after leaving
 Lucky Plaza drive-way and my taxi (SHA1917Z)
 was on Orchard Rd about to turn into
 Nutmeg Rd. Taxi was at the inner-most
 lane but truck (XD5441Y) was at the
 second lane and was also turning into
 Nutmeg Rd from Orchard Rd. Truck
 bang into taxi's front ^{right-side} mud-guard
 (behind front head-light) at junction of
 Orchard Rd and Nutmeg Rd.

Truck driver's name = Ajman @ Ajman Bin Hashim.
 Truck driver's HP = 86510021, driving
 licence No: F7437464Q, work permit
 no: S28220282 and company name:
 Tee Environmental Pte Ltd.

Lim Soon Foo

S1317318/D

20/10/19

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)

Jumani

(Jumani)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	19/10/2019
Vehicle Reg. No.:	SHA1917Z	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	03/09/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU496607	Chassis No:	KMHLB41UMGU077245
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	4,618.32
Miscellaneous Items	11.00
Labour	1,280.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	5,909.32
+ GST 7.00% (S\$)	413.65
Nett Amount (S\$)	6,322.97

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: 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:** ComfortDelGro Engineering Pte Ltd/SHA1917Z/21/10/2019 17:06**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		*RADIATOR GRILLE <i>cat</i>	20.00	0.00	*1,110.10 FL
2	1		*RADIATOR GRILLE H EMBLEM <i>cat</i>	20.00	0.00	*38.50 FL
3	1		*FRT BUMPER ASSY <i>cat</i>	20.00	0.00	*1,052.20 FL
4	1		*FRT BUMPER SPONGE <i>X</i>	20.00	0.00	*99.20 FL
5	1		*FRT BUMPER REINFORCEMENT <i>X</i>	20.00	0.00	*402.10 FL
6	1		*FRT BUMPER GRILLE RH <i>X</i>	20.00	0.00	*41.60 FL
7	1		*FRT BUMPER BRACKET TOP RH <i>X</i>	20.00	0.00	*22.40 FL
8	1		*FRT BUMPER BRACKET RH <i>X</i>	20.00	0.00	*24.60 FL
9	1		*HEADLAMP ASSY RH <i>cat</i>	20.00	0.00	*1,388.00 FL
10	1		*FRT FENDER RH <i>cat</i>	20.00	0.00	*566.30 FL
11	1		*FRT FENDER SHIELD RH <i>X</i>	20.00	0.00	*175.90 FL
12	1		*FRT FENDER RETAINER RH <i>X</i>	20.00	0.00	*24.60 FL
13	1		*FRT FENDER ADVERTISEMENT RH <i>cat</i>	0.00	0.00	*100.00 F
14	1		*FRT RH TYRE <i>at 50% \$108</i>	0.00	0.00	*216.00 F
15	1		*FRT RH WHEEL HUB COVER <i>cat</i>	20.00	0.00	*107.10 FL
16	1		*FRT RH WHEEL RIM <i>X</i>	20.00	0.00	*325.30 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	5,693.90
- List Item Discount on L Items (\$\$)	1,075.58
Total Parts (\$\$)	4,618.32

ComfortDelGro Engineering Pte Ltd/SHA1917Z/21/10/2019 17:06. 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	500.00 280
2	SPRAYPAINT	New	500.00 400
3	WIRING	New	50.00 20
4	TUFF KOTE	New	50.00 20
5	ADJUST FRT WHEEL ALIGNMENT	New	120.00 20
Gross Labour Cost (S\$)			1,280.00

ComfortDelGro Engineering Pte Ltd/SHA1917Z/21/10/2019 17:06. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka hui (kk)

22/10/19 1030h

3 Days

4/5

Ask Repair photo

LKK Auto Care Parts hence notify the Repairer of the following:

- To resurvey to check after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary claims must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305343134

TOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

OUNT CARD NO.

REGN NO.: SHA1917Z

MILEAGE

MAKE: HYUNDAI

FUEL

E. 1/2 F

MODEL I-40

DATE/TIME IN 20.10.2019 09:25

YR OF MANU 03.09.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU077245

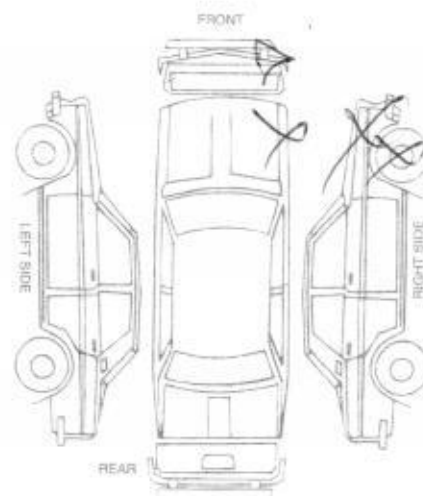
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.10.2019
NATURE: 3P 19.10.19/C

S/NO LABOR CODE DESCRIPTION

Handbook



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA1917Z JU TOKIO LKK

Vehicle No.: SHA1917Z

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

Our Job Ref No 305343134

Date : 24/10/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA1917Z

19/10/2019

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

1. The repair job shall bill to: TOKIO --- XD 5441Y
###
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% \$3450.00
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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 : 25/10/19

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	21 Oct 2019 Sendback Est	21 Oct 2019 17:06 \$5,909.32	22 Oct 2019 12:25 Edit Adj Rpt	\$3,450.00 Edit Estimates	\$3,450.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	TEE ENVIRONMENTAL PTE LTD , Co. Reg. No.: 200106873W		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHA1917Z	Date of Loss:	19/10/2019 00:00 - :59 [49 Months and 16 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1908249	Policy/Cover Note No.:	MJ001333 (TP, Fire & Theft) Coverage: 03/10/2019 - 02/10/2020
Vehicle Reg. No. (Insured):	XD5441Y	Policy No. (Claimant):	
		Excess:	\$3,500.00
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 01/11/2019]		
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.									

Claim Documents



SHA1917Z (M1908249)
[XD5441Y]
TP
CTPL
Oct 19 2019 12:00AM
[TEE ENVIRONMENTAL PTE LTD]
ComfortDelGro Engineering Pte Ltd

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Assessment Reports

1 per page ☒

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	21/10/19 17:06	Repairer Estimates	 Load HTM	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	24/10/19 15:25	Adjuster Immediate Advice	 Load HTM	<input checked="" type="checkbox"/>

Photos/Images

3 per page ☒

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
2	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
3	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
4	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
5	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
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17	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
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19	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
20	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
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22	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
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28	23/10/19 08:04	General View	 Load JPG	<input checked="" type="checkbox"/>
29	23/10/19 08:07	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
30	23/10/19 08:07	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
31	23/10/19 08:07	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
32	23/10/19 08:07	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
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35	23/10/19 08:07	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>

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: CS/TMI19018639/K1YF3S2

Date: 31/10/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MJ001333

Claimant Vehicle No : SHA1917Z

Insured Vehicle No : XD5441Y

Date of Loss: 19/10/2019

Nature of Claim: TP

Claim No: M1908249

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA1917Z

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

Engine No: D4FDEU496607

Reg. Date: 03/09/2015 (Man. Year: 2015)

Chassis No: KMHLB41UMGU077245

Colour: Blue

Odometer: 762096 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: 205/60R16

Rear Tyre Size:

205/60R16

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	4,618.32	3,637.44	980.88	21.24
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,280.00	720.00	560.00	43.75
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,909.32	4,368.44	1,540.88	26.08
Approved Total (Overridden) (S\$)		3,450.00		
(S\$)	5,909.32	3,450.00	2,459.32	41.62
+ GST 7.00/7.00% (S\$)	413.65	241.50	172.15	41.62
Nett Amount (S\$)	6,322.97	3,691.50	2,631.47	41.62

INSPECTION

Date of Assignment: 22/10/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 22/10/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang)

59 Loyang Drive

Singapore 508969

Estimated Period of Repair: 3.0 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: 31 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 SHA1917Z)	
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		*RADIATOR GRILLE	Cut	1,110.10 FL	*1,110.10 FL
2	1		*RADIATOR GRILLE H EMBLEM	Necessary	38.50 FL	*38.50 FL
3	1		*FRT BUMPER ASSY	Cracked	1,052.20 FL	*1,052.20 FL
4	1		*FRT BUMPER SPONGE	Serviceable	99.20 FL	*- FL
5	1		*FRT BUMPER REINFORCEMENT	Serviceable	402.10 FL	*- FL
6	1		*FRT BUMPER GRILLE RH	Serviceable	41.60 FL	*- FL
7	1		*FRT BUMPER BRACKET TOP RH	Serviceable	22.40 FL	*- FL
8	1		*FRT BUMPER BRACKET RH	Cracked	24.60 FL	*24.60 FL
9	1		*HEADLAMP ASSY RH	Cracked	1,388.00 FL	*1,388.00 FL
10	1		*FRT FENDER RH	Buckled	566.30 FL	*566.30 FL
11	1		*FRT FENDER SHIELD RH	Serviceable	175.90 FL	*- FL
12	1		*FRT FENDER RETAINER RH	Serviceable	24.60 FL	*- FL
13	1		*FRT FENDER ADVERTISEMENT RH	Necessary	100.00 F	*100.00 FS
14	1		*FRT RH TYRE (@ \$216.00 DISC 50%)	Cut	216.00 F	*108.00 FS
15	1		*FRT RH WHEEL HUB COVER	Cracked	107.10 FL	*107.10 FL
16	1		*FRT RH WHEEL RIM	Serviceable	325.30 FL	*- FL

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

Sub Total (\$\$)	5,693.90	4,494.80
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,075.58	857.36
Total Parts (\$\$)	4,618.32	3,637.44

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	560.00	280.00
2	SPRAYPAINT	New	500.00	400.00
3	WIRING	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	ADJUST FRT WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (S\$)			1,280.00	720.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >