

2/03/2002

ASS. REC. BY:

REF: CS/TMI19020016/FtF302

Special Instruction:

Surveyor: RamASSIGNMENT (Office)From (Person): Clara Milan 400of TM1Date/Time: 12.11.19 10:46am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHB 4060VInsured: SL 174Bat Workshop m/s ComfortdelgroTel: 62148300of 5910yang bndPolicy No: MK 000573Claim No: M1 908824

Sum Insured:

Excess:

Make of Veh:

D.O.A. 9.11.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

my

H.O.D. Endorsement:

Date/Time: 12.11.19 11:4 a.m

Person Contacted:

JumaniVehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SL 174B: X
	SHB 4060V CC3/H3G13019264/H350302 DOR 11/10/2013
12/11/19 @ 11.57am	visited to Clara via Alexamen.

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: ~~SHB 7000~~ 40600
 at Workshop n/s: Comfort delgro
 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.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR Sum: _____ Consistent? Yes or No
 Est. Repairs: _____ days Res. Yes or No
 Sum Sum: _____ % J Val. Yes or No

CA / REV / REP: / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 40600 Yr Regn: 10/09 / 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /
 Truck / Trailer or

Make: Hyundai 140 cc 1685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 600807 T/Audio: Insured / Std / NI / NA

Eng/No: -

C/No: 1KMHLBA1UMGU077495

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size F: 205/60 R16

R: -

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 9/11/19 D.O.A. 12/11/19

Survey held at: Comfort delgro (Loyang)Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop orRear

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

Date / Time: _____ Action / Instruction

L/S: \$1000/-

2 repair days

Confirmation 14/11/19

(Red: 622.06 / 38%)

L/S

Tm1

RECEIVED 10 NOV 2019

Enter Time / Fee Pass by?

15lu Typst

Date / Time / Fee Return to?

☐

: Preli. Report

☒

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format:

Lump Sum / L.B.I. (\$) 1000/-

Survey Fee:

Transportation

F.V. / R.V. 14

Media:

Others:

TOTAL

240

11

261

Our Job Ref No 305348023
Date : 13.11.19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM


To : LKK Fax :
Attn : Mr RAM
Vehicle Reg No. SHB4060U CTPL 09.11.19


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

1. The repair job shall bill to: TOKIO MARINE --- SLL174B
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% \$1,000.00
Final Lumpsum Repair cost \$1,000.00

3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Ram
Date : 14/11/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	11 Nov 2019 18:58 Sendback Est	11 Nov 2019 19:05 S\$1,622.06	12 Nov 2019 10:46 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	LION CITY RENTALS PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHB4060U	Date of Loss:	09/11/2019 20:00 - :59 [49 Months and 30 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1908824	Policy/Cover Note No.:	MK000573 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLL174B	Policy No. (Claimant):	
		Excess:	S\$1,500.00
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 Clara Milah Yeo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 21/11/2019]		

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.									

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: Clara Milah Yeo

Date: 13 Nov 2019

Preliminary Advice

Insured Vehicle No	: SLL174B	Accident Date	: 09/11/2019
TP Vehicle No	: SHB4060U	Assignment Date	: 12/11/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 12/11/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	1,622.06
Revised Amount	:S\$	1,241.88
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,241.88

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.
- () Other comments :

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	11/11/2019 11:15
Date Of Accident	09/11/2019 20:30
Exact Location Of Accident	T JUNCTION OF YISHUN CENTRAL AND YISHUN AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4060U
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	TOO AH NAM
NRIC No	S0194712E
Date Of Birth	30/10/1953
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94360399
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	608 #04-161 HOUGANG AVENUE 4
Postcode	530608
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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)	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	SLL174B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OON ALBERT
NRIC/Passport Number	
Contact Number	97398854
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/11/19 at about 20:30 hrs, I Veh A proceed right turn at above said location as traffic light at my favour. I immediate apply brake to avoid contact when I seeing a e-scooter dashing out from left hand side. A split second later, I felt an impact from behind Veh B from behind hit onto the rear left portion of my taxi. No passenger in my taxi. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 192291871R

Policyholder's Signature
Date & Time:

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

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

COMFORT SketchPlanForm - 1/18

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
CD REG. NO. 18B303R21R

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.:

Police Warrant

GIA/IMC SketchPlanForm_M3





Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.: 305348023

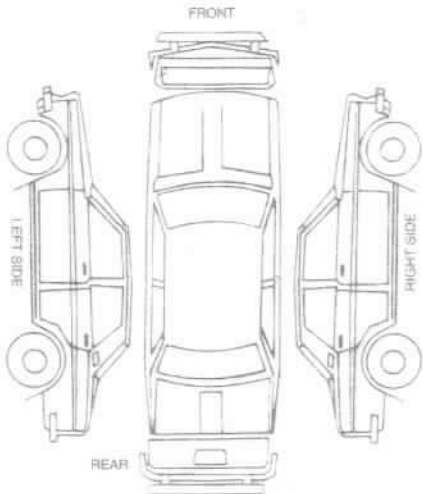
MEMBER	REGN NO.: SHB4060U	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045	MODEL I-40	E.....1/2.....F
MEMBER NO.	YR OF MANU. 10.09.2015	DATE/TIME IN 11.11.2019 10:20
SS 383 SIN MING DRIVE	CHASSIS CODE KMHLB41UMGU077495	TARGET DATE
Singapore SINGAPORE 575717		COMPLETION DATE/TIME:
65508755 (O)		
(P)		
UNT CARD NO.		

Tokio Marine

JOB DESCRIPTION

Accident Date: 09.11.2019
NATURE: 3P 09.10.2019

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: SHB4060U

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

Like

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	09/11/2019
Vehicle Reg. No.:	SHB4060U	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	10/09/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU496094	Chassis No:	KMHLB41UMGU077495
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	881.06
Miscellaneous Items	11.00
Labour	730.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,622.06
+ GST 7.00% (S\$)	113.54
Nett Amount (S\$)	1,735.60

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 11 Nov 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/SHB4060U/11/11/2019 19:05**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>Cra</i>	20.00	0.00	*553.00 FL
2	10		*REAR BUMPER CLIPS <i>nee</i>	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER BRACKET SIDE LH <i>nee</i>	20.00	0.00	*35.60 FL
4	1		*REAR BUMPER UNDER COVER <i>scr</i>	20.00	0.00	*228.00 FL
5	1		*REAR BUMPER REFLECTOR LAMP LH <i>xnn</i>	20.00	0.00	*30.60 FL
6	1		*REAR BUMPER REVERSE SENSOR <i>xnn</i>	0.00	0.00	*135.70 F
7	1		*REAR BUMPER ADVERTISEMENT LOGO <i>nee</i>	0.00	0.00	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	1,054.90
- List Item Discount on L Items (\$\$)	173.84
Total Parts (\$\$)	881.06

ComfortDelGro Engineering Pte Ltd/SHB4060U/11/11/2019 19:05. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

670.88

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	350.00 \$290
2	SPRAY PAINTING CHARGE	New	250.00 \$200
3	WIRING CHARGE	New	50.00 \$40 <i>Run</i>
4	REMOVE/REFIX REVERSE SENSOR	New	80.00 \$70
Gross Labour Cost (\$\$)			730.00

ComfortDelGro Engineering Pte Ltd/SHB4060U/11/11/2019 19:05. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

LKK Auto Consultants hence 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 item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

13/11/19
Ram (LKK)
12/11/19 1120hrs
4/3 aft repair photo
ParaSuram@lkkauto.com
88622778hp
Repair day 2

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	11 Nov 2019 18:58 Sendback Est	11 Nov 2019 19:05 S\$1,622.06	12 Nov 2019 10:46 Edit Adj Rpt	S\$1,000.00 Edit Estimates	S\$1,000.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	LION CITY RENTALS PTE LTD , Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHB4060U	Date of Loss:	09/11/2019 20:00 - :59 [49 Months and 30 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1908824	Policy/Cover Note No.:	MK000573 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLL174B	Policy No. (Claimant):	
		Excess:	S\$1,500.00
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 Clara Milah Yeo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by PARASURAM SHANMUGAM] ... [Final Rpt due 21/11/2019]		

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

SHB4060U (M1908824)
[SLL174B]
TP
CTPL
Nov 9 2019 8:00PM
[LION CITY RENTALS PTE LTD]
ComfortDelGro Engineering Pte Ltd

Upload Documents		Upload Photos	Compose New Letter	View View in Browser	
Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	11/11/19 19:05	Repairer Estimates	1	Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	12/11/19 10:03	Accident Statement From: SC - Reg. No: SLL174B, Claimant: LION CITY RENTALS PTE LTD	1	Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	13/11/19 11:57	Adjuster Immediate Advice	1	Load HTM	
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
10	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
11	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
12	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
13	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
14	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
15	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
16	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
17	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
18	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
19	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
20	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
21	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
22	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
23	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
24	12/11/19 17:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
25	15/11/19 09:28	After Repair Photo	1	Load JPG	<input checked="" type="checkbox"/>
26	15/11/19 09:28	After Repair Photo	1	Load JPG	<input checked="" type="checkbox"/>
27	15/11/19 09:28	After Repair Photo	1	Load JPG	<input checked="" type="checkbox"/>
28	15/11/19 09:28	After Repair Photo	1	Load JPG	<input checked="" type="checkbox"/>
29	15/11/19 09:28	After Repair Photo	1	Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	11/11/19 19:06	E-filed GIA report	1	Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	12/11/19 10:06	TP - SHB4060U COMPLETE SAS	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Repairer <input type="checkbox"/> Handling Insurer			
<small>Note: Remarks are private unless you show it to other parties.</small>			

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/TMI19020016/FTF3E2

Date: 19/11/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MK000573

Claimant Vehicle No : SHB4060U

Insured Vehicle No : SLL174B

Date of Loss: 09/11/2019

Nature of Claim: TP

Claim No: M1908824

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB4060U

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

Engine No: D4FDEU496094

Reg. Date: 10/09/2015 (Man. Year: 2015)

Chassis No: KMHLB41UMGU077495

Colour: Blue

Odometer: 600807 km

Engine Capacity: 1685 cc

Market Value/New Car

Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Good

CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: Hankook 6 mm

Rear Left Side: Hankook 6 mm

Front Right Side: Hankook 6 mm

Rear Right Side: Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	881.06	720.88	160.18	18.18
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	730.00	520.00	210.00	28.77
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,622.06	1,251.88	370.18	22.82
Approved Total (Overridden) (S\$)		1,000.00		
(S\$)	1,622.06	1,000.00	622.06	38.35
+ GST 7.00/7.00% (S\$)	113.54	70.00	43.54	38.35
Nett Amount (S\$)	1,735.60	1,070.00	665.60	38.35

INSPECTION

Date of Assignment: 12/11/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 12/11/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: PARASURAM SHANMUGAM

Manager: DENISE TAY KWEE 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: 19 Nov 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 SHB4060U)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Cracked	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER BRACKET SIDE LH	Necessary	35.60 FL	*35.60 FL
4	1		*REAR BUMPER UNDER COVER	Scratched	228.00 FL	*228.00 FL
5	1		*REAR BUMPER REFLECTOR LAMP LH	Not Necessary	30.60 FL	*- FL
6	1		*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 F	*- FS
7	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
					Sub Total (\$\$)	1,054.90 888.60
					- List Item Discount on L Items 20.00/20.00% (\$\$)	173.84 167.72
					Total Parts (\$\$)	881.06 720.88

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	350.00	280.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	40.00
Gross Labour Cost (S\$)			730.00	520.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >