

RAM

CC3/TMF19020854/Ptd352

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: **SCH 1128 G**
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHC 7631 Y** Yt Regn: **02/07 2019**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / **Taxi** / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai ionia (G2)** C.C **1580**
 Colour: **Yellow** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **65565** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **KMHCB51CVKU164737**
 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: **195/65R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / **MIC** / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **24/11/19** D.O.I. **25/11/19**
 Survey held at **comfort delgro (loyang)**
 Des. of Damages: **Frt** / Rear / **O/S** / N/S / UIC / Rooftop or
Frt & O/S frt
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 7631 Y - CS/QW13023835/H116k3 DOA: 13/12/2013
	SCH 1128 G - NA/NC17010534/h4 DOA: 31/5/2017 TOKIO
	P/P: 531/- (Red: 17H1.20: 766)
	2 repair days confirmation 27/11/19
	RECEIVED 29 NOV 2019

Date/Time, File Pass to: ☐ : Preli. Report
☒ : Final Report
 29/11 Typist
 Date/Time, File Return to:

Days Of Repair: **2**
 Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Insp. (\$) ☐ : Other exp. (\$)

Survey Fee:
 Transportation: **3 + RS 31**

Report Form: **TP**
 Emp. Cont. No: **531**

Our Job Ref No 305351246

Date : 26/11/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC7631Y

24.11.19

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

1. The repair job shall bill to: TOKIO --- SCH1128G
###
2. The finalized amount shall be:

(a) Spare Parts after List discount	###	\$0.00
(b) Labour Charges	###	\$531.00
Total for Part-By-Part Repair Cost		\$531.00
	###	
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
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 : Ram

Date : 28/11/19

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305351246
REGN NO : SHC7631Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.07.2019
DATE/TIME IN : 24.11.2019 08:20
ACCIDENT DATE : 24.11.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB PANEL BEATING
0001 SP SPRAYPAINT CHARGE
0002 L MERIMEN

320.00

200.00

11.00

SUB-TOTAL : 531.00

TOTAL : 531.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
120 Ubi Road Singapore 730009

24 Serangoon Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 25.11.2019 09:54 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305351246

OWNER

AS CITYCAB PTE LTD

7010070

OWNER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717

65551188 (R) (O)

(P)

QUINT CARD NO.

REGN NO.: SHC7631Y

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ(G2)

DATE/TIME IN 24.11.2019 08:20

YR OF MANU 02.07.2019

TARGET DATE

CHASSIS CODE KMHC851CVKU164737

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.11.2019

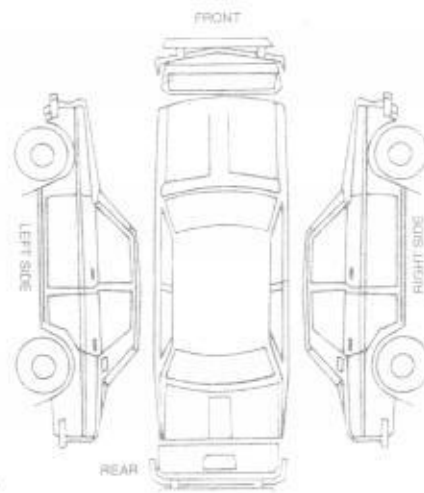
NATURE: 3P 24.11.19

S/NO

LABOR CODE

DESCRIPTION

Michelin
188/65R15



ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHC7631Y

JU TOKIO LKK

Vehicle No.:

SHC7631Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	25/11/2019 07:48
Date Of Accident	24/11/2019 05:25
Exact Location Of Accident	CHANGI AIRPORT T1 DEPARTURE DRIVE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7631Y
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LIM CHING KOK (LIN QINGGUO)
NRIC No	S7137263D
Date Of Birth	20/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98282011
Fax Number	
Contact Number	
EMAIL Address	JOHN.LIM2011@YAHOO.COM.SG

Address	631 02-212 WOODLANDS RING ROAD
Postcode	730631
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	SIDE SWIPE
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)	2
Passenger 1	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

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

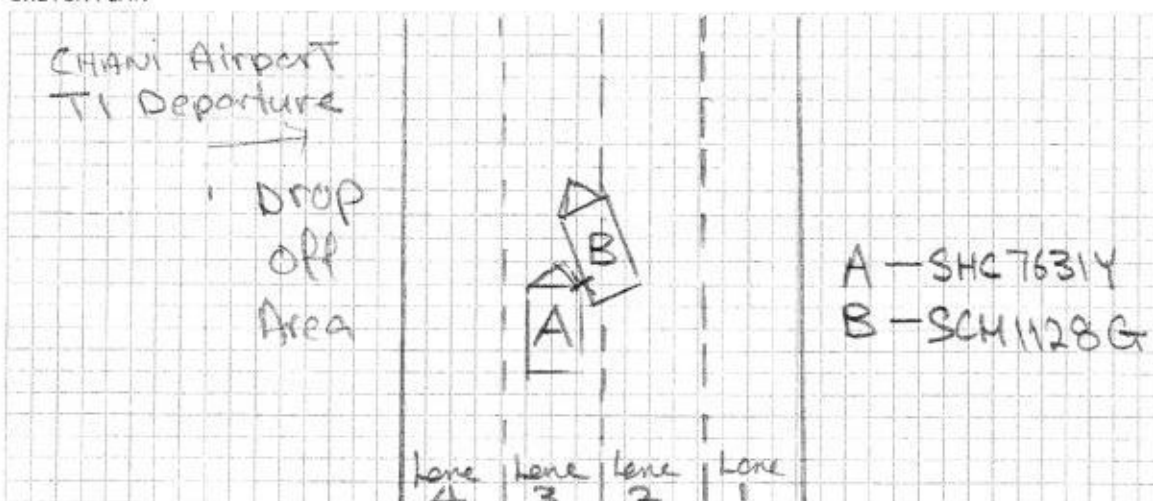
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH1128G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEW CHEE SIAN
NRIC/Passport Number	S8872549B
Contact Number	90114852
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/19 at about 0725hr when I Veh A SHC7631Y moving forward within my Lane 3, Veh B from the lane 2 suddenly intercepted into my lane and collided into the front right portion of my vehicle and cause damage to my Front Right portion. Vehicle (B) SCH1128G Rear Left portion was damage due to Veh (B) Hit Veh (A).

There is (1) Female Pax on board and No injury. Booking Customer Job No: 5047886035 (24/11/19 0520hr)

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 1995028300

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.:

CityCab (Singapore) Pte Ltd

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839

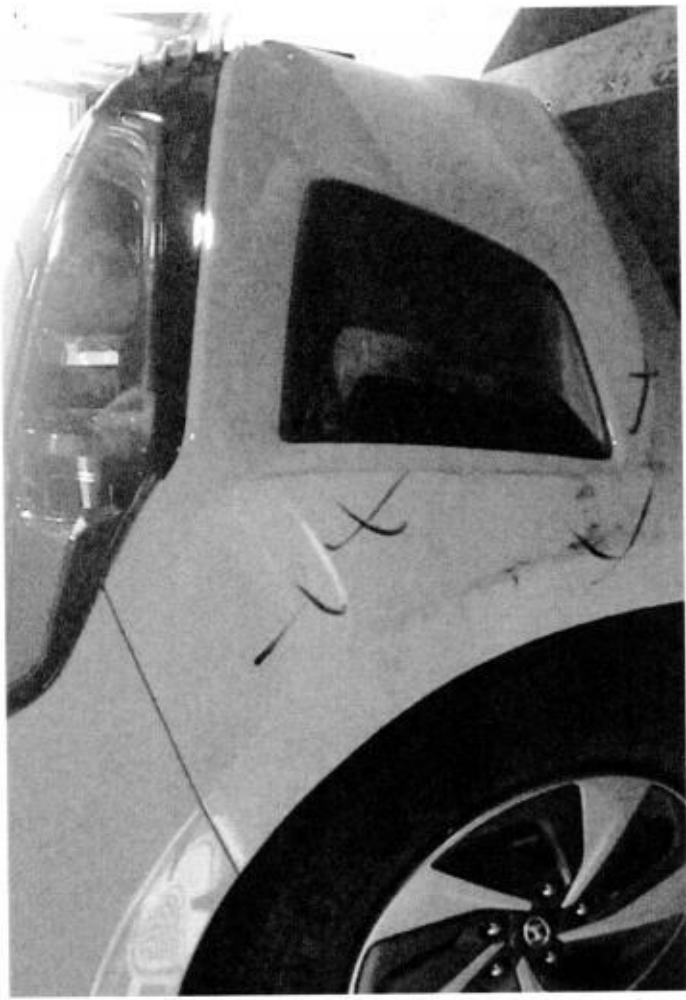
Policyholder's Signature
Date & Time:

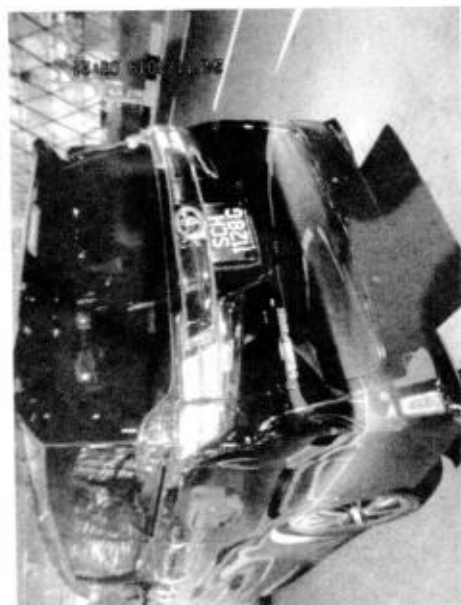
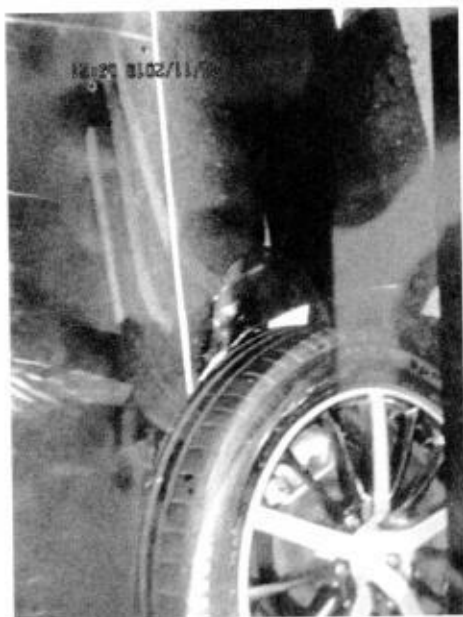
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

FORM 111A - Part 1 of 2







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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CCPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	24/11/2019
Vehicle Reg. No.:	SHC7631Y	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	02/07/2019
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEKU297775	Chassis No:	KMHC851CVKU164737
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	1,511.20
Miscellaneous Items	11.00
Labour	750.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,272.20
+ GST 7.00% (S\$)	159.05
Nett Amount (S\$)	2,431.25

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: 25 Nov 2019)**Parts:** 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC7631Y/25/11/2019 10:40**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 BUMPER ASSY x(R)	20.00	0.00	*418.30 FL
2	1		*FRT BUMPER GRILLE RH xnn	20.00	0.00	*186.90 FL
3	1		*FRT BUMPER BRACKET TOP RH xnn	20.00	0.00	*35.00 FL
4	1		*FRT BUMPER BRACKET RH xnn	20.00	0.00	*28.00 FL
5	10		*FRT BUMPER CLIPS xnn	20.00	0.00	*22.00 FL
6	1		*Headlamp RH xnn	20.00	0.00	*1,198.80 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

1,889.00

- List Item Discount on L Items (S\$)

377.80

Total Parts (S\$)

1,511.20

ComfortDelGro Engineering Pte Ltd/SHC7631Y/25/11/2019 10:40. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New \$320	350.00
2	SPRAYPAINT	New \$200	350.00
3	WIRING	New x44	50.00
Gross Labour Cost (S\$)			750.00

ComfortDelGro Engineering Pte Ltd/SHC7631Y/25/11/2019 10:40. 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:

Handwritten notes:
COR: \$531
26/11/19
Ram (LKK)
25/11/19 1200
Part by Part
after repair photo
2 repair days
Perisuram@lkkauto.com
88622778

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Nov 2019 10:37 Sendback Est	25 Nov 2019 10:40 S\$2,272.20	26 Nov 2019 11:00 Edit Adj Rpt	S\$531.00 Edit Estimates	S\$531.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	ST CARZ LEASING PTE LTD, Co. Reg. No.: 201535819E		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHC7631Y	Date of Loss:	24/11/2019 06:00 - :59 [4 Months and 22 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1909181	Policy/Cover Note No.:	MK000073 (Comprehensive) Coverage: 19/01/2019 - 18/01/2020
Vehicle Reg. No. (Insured):	SCH1128G	Policy No. (Claimant):	
		Excess:	S\$2,000.00
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 Ho Teng Boon Eliza]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by PARASURAM SHANMUGAM] ... [Final Rpt due 05/12/2019]		

ASSOCIATED MAIL RECEIVED
 There are no mail for this case.

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

ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

SHC7631Y (M1909181)
[SCH1128G]
TP
CITYCAB PTE LTD
Nov 24 2019 6:00AM
[ST CARZ LEASING PTE LTD]
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View

View in Browser

1 per page

No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)	Thumbnail	Print
1	25/11/19 10:40	Repairer Estimates	Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	26/11/19 10:37	Accident Statement From:SC - Reg. No: SCH1128G, Claimant: ST CARZ LEASING PTE LTD	Load HTM	

3 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
2	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
3	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
4	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
5	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
6	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
7	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
8	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
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14	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
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17	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
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34	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>
35	28/11/19 09:25	General View	Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRdoc&fuseaction=dsp_docview&domainid=1&objid=890076&extid=323952&corole... 2/2

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/TMI19020854/FTD3S2
Date: 02/12/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MK000073

Claimant Vehicle No : SHC7631Y

Insured Vehicle No : SCH1128G

Date of Loss: 24/11/2019

Nature of Claim: TP Claim No: M1909181

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC7631Y

Make & Model: HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)

Engine No: G4LEKU297775

Reg. Date: 02/07/2019 (Man. Year: 2019)

Chassis No: KMHCB851CVKU164737

Colour: Yellow

Odometer: 65565 km

Engine Capacity: 1580 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: 195/65R15

Rear Tyre Size: 195/65R15

Front Left Side: Michelin 7 mm

Rear Left Side: Michelin 7 mm

Front Right Side: Michelin 7 mm

Rear Right Side: Michelin 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,511.20	0.00	1,511.20	100.00
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	750.00	520.00	230.00	30.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,272.20	531.00	1,741.20	76.63
+ GST 7.00/7.00% (S\$)	159.05	37.17	121.88	76.63
Nett Amount (S\$)	2,431.25	568.17	1,863.08	76.63

INSPECTION

Date of Assignment: 26/11/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 25/11/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang)

Estimated Period of Repair: 2.0 days

59 Loyang Drive
Singapore 508969

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: 02 Dec 2019)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHC7631Y)

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 BUMPER ASSY	Repair	418.30 FL	*- FL
2	1		*FRT BUMPER GRILLE RH	Not Necessary	186.90 FL	*- FL
3	1		*FRT BUMPER BRACKET TOP RH	Not Necessary	35.00 FL	*- FL
4	1		*FRT BUMPER BRACKET RH	Not Necessary	28.00 FL	*- FL
5	10		*FRT BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
6	1		*Headlamp RH	Not Necessary	1,198.80 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	1,889.00	0.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	377.80	0.00
Total Parts (\$\$)	1,511.20	0.00

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 (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	350.00	320.00
2	SPRAYPAINT	New	350.00	200.00
3	WIRING	New	50.00	0.00
Gross Labour Cost (\$\$)			750.00	520.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >