







## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

ECICS LTD

Ref : CC3/ICS17009675/H1ea3

7 TEMASEK BOULEVARD  
#10-01 SUNTEC TOWER ONE  
SINGAPORE 038987

Date : 18-05-2017



Code : ICS

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGT 2203E	Veh. Inspected	SHA 6143G
Policy No.	MPC16A00351000	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/05/2017

### 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

### 4. Description of Damages

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### 5. General Information

Accident Date	16/05/2017	Inspection Date	17/05/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

### 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 3743940

JC NO.305034405

CUSTOMER		REGN NO. SHA6143G	MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD		MAKE HYUNDAI	FUEL E.....1/2.....F
STOMER NO 7010045	MODEL SONATA		DATE/TIME IN 16.05.2017 08:45
DRESS 383 SIN MING DRIVE	YR OF MANU 07.10.2010		TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE RMHET41VMAA794220		COMPLETION DATE/TIME:
65508755 (R) (P)			

*ECICS*

ICOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.05.2017  
NATURE: 3P 16.05.2017

S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE <i>\$50</i>

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip	Exit Pass		
Vehicle No.: SHA6143G	Vehicle No.: SHA6143G		
Name of 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**  
**REPAIR ESTIMATE\***

*HSE/Henry Ng* *4/8/17*  
*ECICS*  
*Like* *P1*

VEHICLE NO : SH1A 6143G

DATE 17/5/2017 15:00

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 1,349.50
	Boot Lid Rubber			\$ 110.90
	Boot Lid Hinge (LH/RH)	\$	170.60	\$ 341.20
	Boot Lid Lock Upper			\$ 132.10
	Boot Lid Lock Lower			\$ 30.30
	Boot Lid Key Lock			\$ 78.20
	Boot Lid Sonata Plate			\$ 43.60
	Boot Lid Hyundai Plate			\$ 24.20
	Boot Lid 'H' Emblem			\$ 26.10
	Boot Lid CRDI Plate			\$ 22.70
	Boot Lid Lamp (LH/RH)	\$	230.20	\$ 460.40
	Licence Lamp (LH)			\$ 32.50
	Boot Lid Trimboard			\$ 165.40
	Boot Lid Trimboard Clips (11pcs)			\$ 11.00
	Rear Bumper			\$ 578.40
	Rear Bumper Reinforcement			\$ 483.30
	Rear Bumper Clip	\$	22.00	\$ 44.00
	Rear Bumper Sponge			\$ 137.40
	Rear Bumper Under Cover			\$ 185.80
	Rear Bumper Protector (LH/RH)	\$	38.00	\$ 76.00
	Tail Lamp (LH/RH)	\$	344.00	\$ 688.00
	Tail Lamp Quarter Panel (LH/RH)	\$	93.80	\$ 187.60
	Rear Panel			\$ 391.80
	Rear Panel Garnish			\$ 95.80
	Spare Tyre Holder			\$ 27.60
	Tail Lamp Panel Top (LH/RH)	\$	217.40	\$ 434.80
	Spare Tyre Panel			\$ 863.00
	Spare Tyre Panel Cushion			\$ 200.30
	Rear Towing Hook			\$ 135.30
	Member Assy- Rear Floor Centre			\$ 163.60
	Panel Assy-Rear Floor Side (LH/RH)	\$	88.55	\$ 177.10
	Rear Floor Chassis Member (LH/RH)	\$	756.80	\$ 1,513.60
	Exhaust Pipe Insulator			\$ 56.10
	Exhaust Silencer			\$ 723.00
	Exhaust Pipe Hanger			\$ 56.10
	Rear Fender (LH/RH)	\$	1,935.90	\$ 3,871.80
	Rear Fender Inner Panel (LH)			\$ 794.30
	Rear Fender Inner Lining (LH/RH)	\$	74.10	\$ 148.20
	Rear Fender Corner Hardboard Cover (LH)			\$ 204.30
	Rear Tray Lugg Side (RH)			\$ 37.40
	Rear Fender Air-Duct			\$ 49.40
	Rear Fender Mudflap (LH)			\$ 15.50
	Rear Fender Trim Board (LH/RH)	\$	180.90	\$ 361.80
	Rear Windscreen Glass			\$ 639.00
	Rear Windscreen Moulding			\$ 60.00



**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

P3

VEHICLE NO : SH1A 6143G

DATE 17/5/2017 15:01

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			S 1,151.80
	Front Bumper Cover			S 538.80
	Front Bumper Sponge			S 136.30
	Front Bumper Reinforcement			S 504.10
	Front Bumper Grille (RH)			S 17.60
	Front Bumper Centre Grille			S 131.10
	Front Bumper Lip			S 59.90
	Front Bumper Bracket Top (RH)			S 22.40
	Front Bumper Protector (RH)			S 29.20
	Front Bumper Bracket (RH)			S 20.10
	Front Bumper Clips 10 pcs			S 22.00
	Headlamp Support Panel Assy			S 1,023.00
	Headlamp (RH)			S 797.90
	Radiator			S 814.80
	Radiator Fan Blade,Cowling,Motor Assy			S 651.30
	Radiator Bracket			S 6.20
	Radiator Expansion Tank			S 46.00
	Front Fender (RH)			S 593.00
	Front Fender Apron Panel (RH)			S 732.50
	Front Fender Shield (RH)			S 86.00
	Front Fender Signal Lamp (RH)			S 45.40
	Front Fender Retainer			S 9.20
	Aircon Condenser			S 1,089.90
	Wiper Container			S 59.00
	Wiper Container Motor			S 63.00
	Front Wheel Rim (RH)			S 284.70
	Front Wheel Hub Cap (RH)			S 145.00
	Front Wheel Bearing			S 258.50
	Front Shock Absorber (Assy) (RH)			S 203.70
	Front Shock Absorber Mounting (RH)			S 72.00
	Front Shock Absorber Fork (RH)			S 203.30
	Front Suspension Upper Arm (RH)			S 240.00
	Front Drive Shaft (RH)			S 1,025.00
	Rack & Pinion Assy			S 2,093.00
	STG Tie End			S 66.50
	Stabilizer Bar			S 213.20
	Stabilizer Bar Bush (RH)			S 12.80
	Stabilizer Bar Link			S 78.30
	Stabilizer Bracket			S 23.00
	Front Suspension Lower Arm (RH)			S 685.20
	Knuckle Arm (RH)			S 558.60
	Engine Under Cover			S 328.70
	Engine Crossmember			S 2,143.70



TP Veh	
Date of Reg	
DOA	

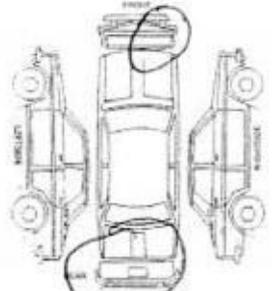
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<b><u>(I) Estimated Book Value</u></b>	
Unit Cost	23,000.00
Import Duty	3,193.60
Registration Fee	140.00
PQP Paid	25,315.00
ARF Paid	15,968.00
Estimated Per Taxi Purchase Price	<u>67,616.60</u>
Estimated Per Taxi Purchase Price	67,616.60
Less 65% of ARF Paid	<u>10,379.20</u>
Estimated Full Lifespan Depreciation	<u>57,237.40</u>
Estimated Full Lifespan Depreciation	57,237.40
Times Balance Life (16/96 months)	<u>9,539.57</u>
Add 65% of ARF Paid	<u>10,379.20</u>
<b>Estimated Book Value</b>	<b><u>19,918.77</u></b>
<b><u>(II) Adjusted LTA Rebate</u></b>	
PARF Rebate	10,379.00
PQP Paid	25,315.00
Times Balance Life (16/96 months)	<u>4,219.17</u>
Adjusted COE Rebate	<u>4,219.17</u>
PARF Rebate	10,379.00
Add Adjusted COE Rebate	<u>4,219.17</u>
<b>Adjusted LTA Rebate</b>	<b><u>14,598.17</u></b>
<b><u>(Summary) Estimated Nett Value</u></b>	
Estimated Book Value	19,918.77
Less Adjusted LTA Rebate	<u>14,598.17</u>
Estimated Net Value	<u>5,320.60</u>

~~5,320.60~~

5070.60

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
1. Date: <u>16-05-17</u> Time Received: <u>1020</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : _____  Contact No. : <u>8126 0770</u> Vehicle No. : <u>SHA 6143G</u>  Make / Model / Colour : _____  Email : _____	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
7. Location: <u>JURONG RD HCPK</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	10. Odometer Reading : _____  Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
<b>Job Attended</b>		
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> STD <input checked="" type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS Name of Driver : _____ Vehicle No. : <u>YN4045A</u> Time Dispatch : <u>1020</u> Time of Arrival : <u>1100</u> Time Completed : <u>1200</u>		 #: Cracked X: Dented /: Scatched O: Missing  _____ Signature of Customer
<b>Cash Invoice Details (if applicable)</b>		
13. Cash Invoice No. : _____		
<b>Customer Acknowledgement</b>		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
<u>16-05-17</u> Date	<u>1100</u> Time	_____ Signature of Customer
<b>14. WORKSHOP</b>		
_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/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 ability.
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 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	17/05/2017 10:07
Date Of Accident	16/05/2017 08:45
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE KJE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6143G
<b>Insured/Policyholder</b>	
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	SONATA-2.0 (A)

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	LOH MUI HEE EDWIN
NRIC No	S1514596Z
Date Of Birth	11/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1994
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 690A WOODLANDS DRIVE 75  
 #05-160  
 Postcode 731690  
 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- CHAIN COLLISION  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? YES  
 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

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name UBI AVE 3  
 Police Station Address ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT NO: T/2017516/2078

**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 SGT2203E  
 Vehicle Make/Model/Colour HONDA  
 Details Of Properties  
 Name of Driver HARSHA VIRUPAKSHLING YAVAGAL  
 NRIC/Passport Number S7769686E  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name ECICS LIMITED  
 Nature Of Damage FRONT  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name	LOH MUI HEE EDWIN
Approximate Age	
Injuries Sustain	BACK, NECK AND CHEST
Injured person in which vehicle?	SHA6143G
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 690A WOODLANDS DRIVE 75 #05-160
Postcode	731690

**SKETCH PLAN**

**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 willful 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.
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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.

**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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

*[Signature]* 26/5/17

*[Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE →

To  
← Tuas

