

22/03/2019

ASS REC BY:

REF:

CS/TM219021127/FvB2

Special Instruction:

Inspector: RamASSIGNMENT (Office)From (Person): Jeffrey Tay of TM2 Date/Time: 29/11/2019

Estimated Cost: _____ Bill to: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHC 8318X Insured: SSR 228Yat Workshop m/s Comfort DelGro Engineering Pte Ltd Tel: 6214 8300of 59 Loyang DrivePolicy No: MS005934 Claim No: M1909322

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/11/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"wp"

Date/Time: 4:14pm @ 29/11/19 Person Contacted: Jumani H.O.D. Endorsement: _____Vehicle IN OUT

Date/Time	Action/Instruction
	<u>Estimate</u> <u>✓</u>
	<u>SSR 228Y: X</u>
	<u>SHC 8318X: CS/FC18008983/5rd/82 DUA 15/05/2018</u>
<u>2/12/19</u>	<u>Send preli revised via meriman</u>

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: _____

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
X	X

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: _____

SAC 8318X

Yr Regn: 10/09 / 205

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

Truck / Trailer or

Make: _____

Hyundai i40

c.c 1685

Colour: _____

blue

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

396733

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KMHLB41UM5U078261

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: 205/66 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. _____

29/11/2019

D.O.I. _____

29/11/19

Survey held at _____

comfort delgto (Loyang)

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

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

Date / Time

Action / Instruction

L/S: \$800 (Red 815.06, 50%)

2 repair days

TOKIO

L/S

confirm with LIM KWOK ENG on 6/12/19

RECEIVED 06 DEC 2019

Date/Time, File Pass to?

☐

Prel. Report

☐

Final Report

1)

Date/Time, File Return to?

2) 6/12 - typist

Report Format:

menmen

Typing Fee: _____

L/S \$800

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Waste end (\$)

Survey Fee: _____

250

Transportation: _____

3 + RS. SI

Photos

Other

11

261

Our Job Ref No 305357824

Date : 05.12.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHC8318X CTPL

29.11.19

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

1. The repair job shall bill to: **TOKIO MARINE** --- **SJR228Y**
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% **\$800.00**
 - Final Lumpsum Repair cost** **\$800.00**

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 : 6/12/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8318X

DATE 29/11/2019 13:11

MAKE :

MODEL : HYUNDAI i40

Like Tokio

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper DEF			\$ 553.00
	Rear Bumper Clip 10 pcs nec			\$ 22.00
	Rear Bumper Bracket xnn		\$ 35.60	\$ 71.20
	Rear Bumper Under Cover xnn			\$ 228.00
	SUB TOTAL		575	\$ 874.20
	LESS 20%		-20%	\$ 174.84
	DISCOUNTED TOTAL		460	\$ 699.36
	Rear Bumper Reverse Sensor xnn			\$ 135.70
	Rear Bumper Rubber Mat nec		50	\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge		510	\$ 250.00
	Wiring Charge		1,020	\$ 50.00
	Remove/Refix Reverse Sensor		-20%	\$ 80.00
	TOTAL LABOUR		216	\$ 730.00
	ESTIMATE TOTAL			\$ 1,615.06

Nett

Nett

\$280

\$200

xnn

\$30

Ram (Kee)
 29/11/19 1330 hrs
 43 #800
 parasuram@kcarauto.com
 88622778
 2 repair days

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	29 Nov 2019 13:53 Sendback Est	29 Nov 2019 14:01 S\$1,626.06	29 Nov 2019 15:30 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	KAM CHEE KEONG, RICHIE , ID: S8116956Z		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8318X	Date of Loss:	29/11/2019 09:00 - :59 [50 Months and 19 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1909322	Policy/Cover Note No.:	MS005934 (Comprehensive) Coverage: 14/05/2019 - 13/05/2020
Vehicle Reg. No. (Insured):	SJR228Y	Policy No. (Claimant):	
		Excess:	S\$0.00
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 Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 10/12/2019]		

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.									

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:	Jeffrey Tay	Date:	02 Dec 2019
<u>Preliminary Advice</u>			

Insured Vehicle No	: SJR228Y	Accident Date	: 29/11/2019
TP Vehicle No	: SHC8318X	Assignment Date	: 29/11/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 2
Date of Inspection	: 29/11/2019		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD		

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\$	1,626.06
Revised Amount	:S\$	1,031.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,031.00
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	29/11/2019 10:36
Date Of Accident	29/11/2019 09:05
Exact Location Of Accident	ECP TWDS MCE NEAR TO FORT RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8318X
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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	LOW PAK SUM
NRIC No	S1590266C
Date Of Birth	02/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93882720
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	47 #09-148 LORONG 6 TOA PAYOH
Postcode	310047
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?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SJR228Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAM CHEE KEONG RICHIE
NRIC/Passport Number	
Contact Number	
Address	

Postcode.

Insurance Company Name

Nature Of Damage

FRT

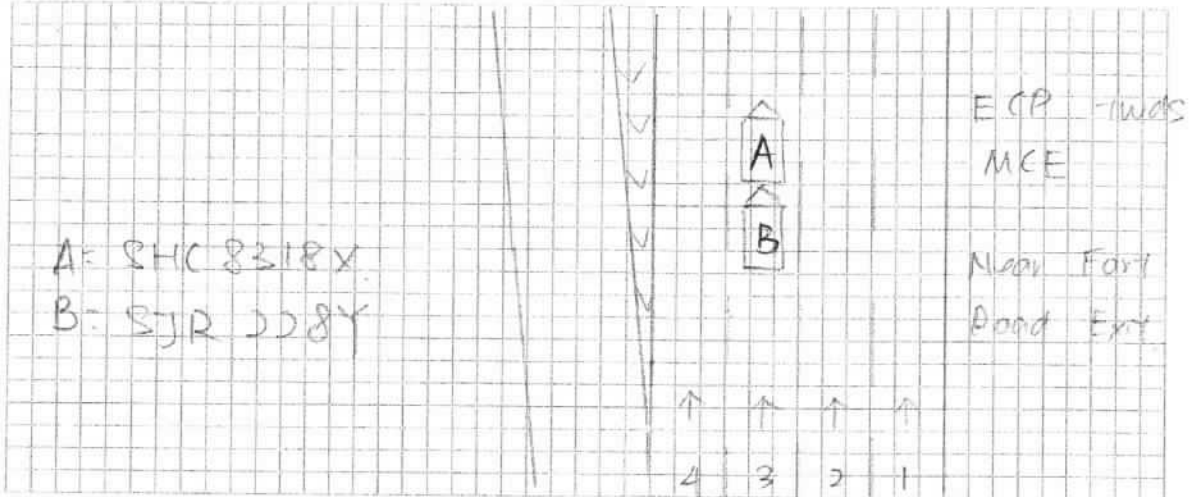
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOW PAK SUM
Approximate Age	56
Injuries Sustain	NECK,BACK,HEAD
Injured person in which vehicle?	SHC8318X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/11/14 at about 09:05 hrs. I Veh A was driving at above said location with 2 passengers onboard. Shortly vehicle in front brake to stop and I doing so. A few second later, Veh B came from behind collided onto the rear portion of my taxi. I suffered pain on neck and back head, will consult doctor later on.

DECLARATION

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

OMFORD 9501000-000-000
CO. REG. NO. 199303621R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Loke Wei Yung

GIA/MHC/SketchPlanForm_V01

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

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.:



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305357824

DMER
S COMFORT TRANSPORTATION PTE LTD
DMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R)
(P)

UNT CARD NO.

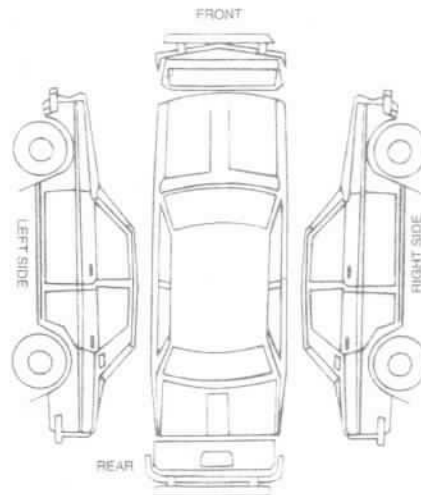
REGN NO.: SHC8318X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 29.11.2019 10:05
YR OF MANU 10.09.2015	TARGET DATE
CHASSIS CODE RMHLB41UMGU078261	COMPLETION DATE/TIME:

Toko Marine

JOB DESCRIPTION

Accident Date: 29.11.2019
NATURE: 3P 29.11.2019

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

rdgement Slip

o.: SHC8318X

LKE

RAM

Exit Pass

Vehicle No.:

SHC8318X

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8318X

DATE 29/11/2019 13:11

MAKE :

MODEL : HYUNDAI i40

LKE Tokio

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper DEF			\$ 553.00	
	Rear Bumper Clip 10 pcs nec			\$ 22.00	
	Rear Bumper Bracket xnn		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover sexnn			\$ 228.00	

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

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	29/11/2019
Vehicle Reg. No.:	SHC8318X	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:	D4FDFU545667	Chassis No:	KMHLB41UMGU078261
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	885.06
Miscellaneous Items	11.00
Labour	730.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,626.06
+ GST 7.00% (S\$)	113.82
Nett Amount (S\$)	1,739.88

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: 29 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/SHC8318X/29/11/2019 14:01**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 DEF	20.00	0.00	*553.00 FL
2	10		*REAR BUMPER CLIPS nec	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER BRACKET LH nn	20.00	0.00	*35.60 FL
4	1		*REAR BUMPER BRACKET RH nn	20.00	0.00	*35.60 FL
5	1		*REAR BUMPER UNDER COVER nv	20.00	0.00	*228.00 FL
6	1		*REAR BUMPER REVERSE SENSOR nv	0.00	0.00	*135.70 F
7	1		*REAR BUMPER RUBBER MAT nec	0.00	0.00	*50.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) **1,059.90**- List Item Discount on L Items (S\$) **174.84**Total Parts (S\$) **885.06**

ComfortDelGro Engineering Pte Ltd/SHC8318X/29/11/2019 14:01. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	280 350.00
2	SPRAY PAINTING CHARGE	New	200 250.00
3	WIRING CHARGE	New	50.00 X
4	REMOVE/REFIX REVERSE SENSOR	New	30 80.00
Gross Labour Cost (S\$)			730.00

ComfortDelGro Engineering Pte Ltd/SHC8318X/29/11/2019 14:01. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	29 Nov 2019 13:53 Sendback Est	29 Nov 2019 14:01 \$1,626.06	29 Nov 2019 15:30 Edit Adj Rpt	\$800.00 Edit Estimates	\$800.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	KAM CHEE KEONG, RICHIE , ID: S8116956Z		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8318X	Date of Loss:	29/11/2019 09:00 - :59 [50 Months and 19 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1909322	Policy/Cover Note No.:	MS005934 (Comprehensive) Coverage: 14/05/2019 - 13/05/2020
Vehicle Reg. No. (Insured):	SJR228Y	Policy No. (Claimant):	
		Excess:	S\$0.00
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 Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by PARASURAM SHANMUGAM] ... [Final Rpt due 10/12/2019]		

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

SHC8318X (M1909322)
[SJR228Y]
TP
COMFORT TRANSPORTATION PTE LTD
Nov 29 2019 9:00AM
[KAM CHEE KEONG, RICHIE]
ComfortDelGro Engineering Pte Ltd

Upload Documents	Upload Photos	Compose New Letter	View	View in Browser
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Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Print
1	29/11/19 14:01	Repairer Estimates		Load HTM	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	29/11/19 15:18	Accident Statement Addm. #1 From:SC - Reg. No: SJR228Y, Claimant: KAM CHEE KEONG, RICHIE		Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	02/12/19 10:37	Adjuster Immediate Advice		Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
2	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
3	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
4	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
5	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
6	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
7	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
8	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
9	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
10	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
11	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
12	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
13	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
14	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
15	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
16	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
17	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
18	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
19	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
20	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
21	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
22	05/12/19 09:34	General View		Load JPG	<input checked="" type="checkbox"/>
23	06/12/19 09:29	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
24	06/12/19 09:29	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
25	06/12/19 09:29	Reinspection Photo		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	29/11/19 14:05	E-filed GIA report		Load PDF	
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)		Thumbnail	Print
1	29/11/19 15:19	TP - SHC8318X GIA REPORT		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**Show Remarks To:** ☐ Repairer ☐ Handling InsurerNote: 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/TM19021127/FVF3E2

Date: 06/12/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MS005934

Claimant SHC8318X

Insured Vehicle No : SJR228Y

Vehicle No : SHC8318X

Nature of Claim: TP

Claim No: M1909322

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8318X

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

Engine No: D4DFU545667

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

Chassis No: KMHLB41UMGU078261

Colour: Blue

Odometer: 396738 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	885.06	510.00	375.06	42.38
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	730.00	510.00	220.00	30.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,626.06	1,031.00	595.06	36.60
Approved Total (Overridden) (S\$)		800.00		
(S\$)	1,626.06	800.00	826.06	50.80
+ GST 7.00/7.00% (S\$)	113.82	56.00	57.82	50.80
Nett Amount (S\$)	1,739.88	856.00	883.88	50.80

INSPECTION

Date of Assignment: 29/11/2019 Present Location:

ComfortDelGro Engineering Pte Ltd
(Loyang)

Date Inspected: 29/11/2019 Inspected At:

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

Estimated Period of Repair: 2.0 days

Adjuster: PARASURAM SHANMUGAM

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 06 Dec 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 SHC8318X)	
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	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER BRACKET LH	Not Necessary	35.60 FL	*- FL
4	1		*REAR BUMPER BRACKET RH	Not Necessary	35.60 FL	*- FL
5	1		*REAR BUMPER UNDER COVER	Not Necessary	228.00 FL	*- FL
6	1		*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 F	*- FS
7	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 F	*50.00 FS
					Sub Total (\$\$)	1,059.90 625.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	174.84 115.00
					Total Parts (\$\$)	885.06 510.00

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 (\$\$)			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	30.00
Gross Labour Cost (\$\$)			730.00	510.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >