

T000000

ASS. REC. BY:

REF

CS/Tm2 19021292/GH3N4

Special Instruction:

Surveyor

G/G

ASSIGNMENT (Office)

From (Person):

Jeffrey Tay

of

Tm2

Date/Time:

3-12-19 12:15pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 49914

Insured:

Ym 14405

at Workshop n/s

Comfortdesign

Tel:

6214 8310

of

59 loyang Drive

Policy No:

MB016534

Claim No:

M1909400

Sum Insured:

Excess:

Make of Vely:

D.O.A

1/12/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"up"

Date/Time:

3-12-19 1:06pm

Person Contacted:

Juman.

H.O.D. Endorsement:

Vehicle

IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHD 49914 - X

Ym 14405 - X

ump Sum \$2400 cred: 837.40', 26%)

GEL

TMI

ASSIGNMENT

SHD 49714

10 Sep 2014

Form

Date

Estimated Cost

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

To Inspect Vehicle In

At Workshop on

at

Insured

Policy No.

Claims No.

Sum Insured

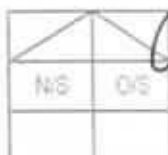
Excess

(Client's Record)

Make of Veh.

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Est. or Market Value

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle: IN / OUT

Veh No

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

Truck / Trailer or

Make

Hyundai 140 CC 1685

Colour

Blue

A/C Insured / Std / NI / NA

Sp Reading

527955

T/Ratio: Insured / Std / NI / NA

Eng No.

C.No.

KMHCB41UMEU059612

Gen. Cond Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: S/Rim / STD AirRim or

Tyre Size

F: 205/60R16

R: 11

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

TOYO / YOKO or

LST

Front

Rear

R/Bal

6

mm

R/Bal

6

mm

L/Bal

6

mm

L/Bal

6

mm

D.O.A.

D.O.A.

03-12-19

Survey held at

w/s

1pm

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

o/s w/s

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

RECEIVED 10 DEC 2019

Draw/Rev. File Path

Prel. Report

Final Report

10/12 Typist

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee

Insurance

Ins. Fee

V. Fee

V. Fee

V. Fee

V. Fee

V. Fee

V. Fee

250
11

261

Tp

2400/-

①

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Dec 2019 17:18 Sendback Est	02 Dec 2019 17:22 S\$3,287.40	03 Dec 2019 12:15 Assign				New Assignment Cancel Case

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	SOH & TAN ENTERPRISES PTE LTD, Co. Reg. No.: 199504243Z		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD4991Y	Date of Loss:	01/12/2019 17:00 - :59 [62 Months and 21 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1909400	Policy/Cover Note No.:	MB016534 (TP, Fire & Theft) Coverage: 01/09/2019 - 31/08/2020
Vehicle Reg. No. (Insured):	YM1440S	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 12/12/2019]		

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.									

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	02/12/2019 16:02
Date Of Accident	01/12/2019 17:40
Exact Location Of Accident	ALONG PASIR PANJANG RD TOWARDS CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4991Y
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	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	WONG WAH CHEONG
NRIC No	S0040543D
Date Of Birth	10/05/1948
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1984
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97338961
Fax Number	
Contact Number	
EMail Address	STEVENWONG729@GMAIL.COM

Address	BLK 729 CLEMENTI WEST STREET 2 #12-358
Postcode	120729
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191202/2040

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	YM1440S
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGED
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG WAH CHEONG
Approximate Age	
Injuries Sustain	RIGHT SHOULDER, BACK AND ANKLE
Injured person in which vehicle?	SHD4991Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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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.

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.:

SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report (2)

T/ 2019 1202 12040

DECLARATION

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

QOC 10000 10000 10000 10000

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.:

1/1/2019 10:00:00 AM



**SINGAPORE
POLICE FORCE**



T/20191202/2040

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20191202/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2019 12:28		Vide Report No.:		Station Diary No.: 8
Informant's Particulars				
Name of Informant: WONG WAH CHEONG		Address: APT BLK 729 CLEMENTI WEST STREET 2 #12-358 SINGAPORE 120729		
ID Type / ID No.: NRIC NO / S0040543D		Contact No.: Home/Office: Mobile: 97338961		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 71	Date of Birth: 10/05/1948	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/12/2019 17:40	Type of Location: Straight Road
Location: Along Road 1 PASIR PANJANG ROAD TOWARDS CLEMENTI ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4991Y	Car				Totally Damaged	0
YM1440S	Lorry				Slightly Damaged	0

Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191202/2040

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20191202/2040

CONTINUATION OF REPORT

Driver			
Name	WONG WAH CHEONG	ID No.	S0040543D
Related Vehicle	SHD4991Y (Car)	Contact No.	97338961
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	02/12/2019	Date Discharge	02/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 1/12/2019 at about 1740hrs, I was driving my vehicle bearing the plate number SHD4991Y along Pasir Panjang road towards Clementi road. There was no passenger on board. I was driving on the most right lane of a two-laned road.

While I was driving, suddenly another lorry bearing the plate number YM1440S who was behind me initially overtake me by going to the opposite lane on the right which is against the traffic before going back to the lane I was at. In the midst of doing that, the left side of the lorry, had collided with the right front side of my taxi.

There was several damages on my taxi before it was being moved to one side to avoid traffic congestion and it was later towed away. We exchanged particulars with each other after that. I have an in-car camera in my taxi at that point of time.

I then felt some pain on my right shoulder, back, and ankle pain thus I went to seek medical treatment and were given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20191202/2040

3 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



Report No. T/20191202/2040

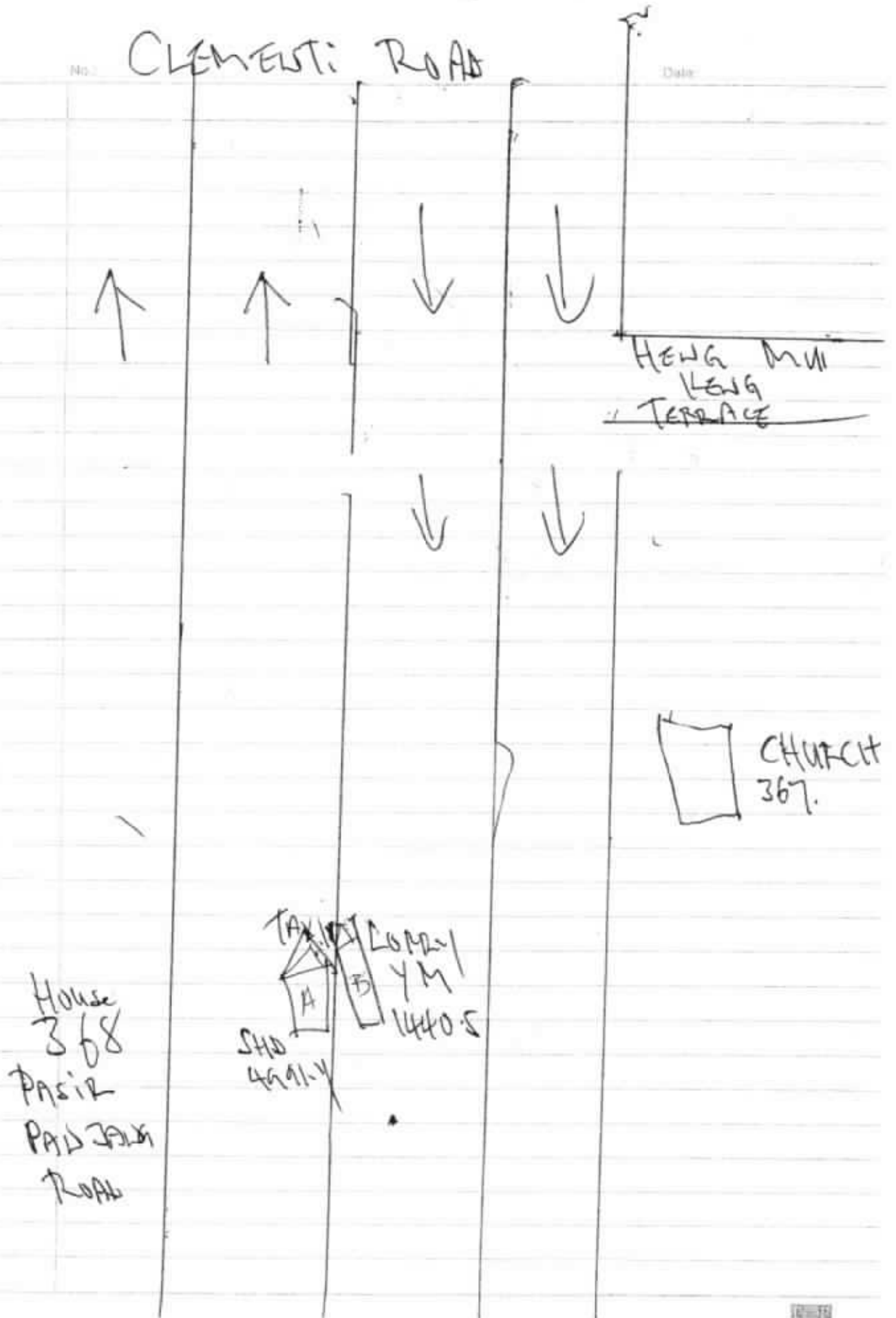
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMAD IZWAN BIN MOHAMAD ISHAK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2019 12:28
Officer In Charge Of Case: TP / GIA /	Classification Of Case: 
Contact No.:	
Authentication Stamp NP168	



Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHD4991Y

Make / Model
HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR

Vehicle Type :

H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1 :

Air-Con (Taxi)

Vehicle Scheme :

Taxi (Company)

Chassis No. :

KMHLB41UMEU059612

Propellant :

Diesel

Engine No. :

D4FDGU668613

Motor No. :

-

Engine Capacity :

1685 cc

Power Rating :

-

Maximum Power Output :

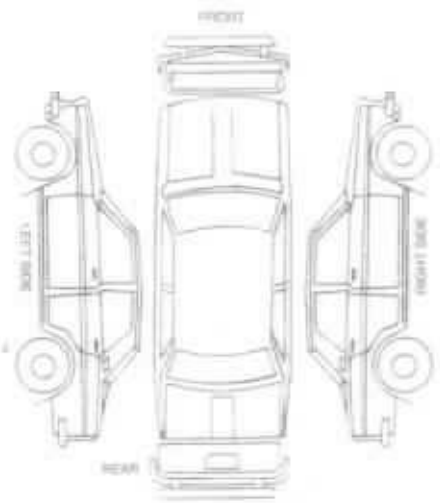
100.0 kW (134 bhp)

Team: ARC Repair TP(CLS0)1		JOB CARD		Sales Order:		JC NO: 305358541	
MER: COMFORT TRANSPORTATION PTE LTD		REGN NO: SHD4991Y		MILEAGE			
MER NO: 7010045		MAKE: HYUNDAI		FUEL		E 1/2 F	
IS: 383 SIN MING DRIVE		MODEL: I-40		DATE/TIME IN		01.12.2019 19:10	
Singapore SINGAPORE 575717		YR OF MANU: 10.09.2014		TARGET DATE			
65508755 (C)		CHASSIS CODE: KMHLB41UMEU059612		COMPLETION DATE/TIME			
INT CARD NO:							

JOB DESCRIPTION

Accident Date: 01.12.2019
NATURE: 3P 01.12.19/C

W/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: _____

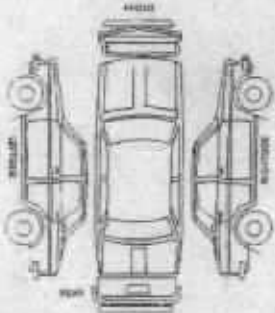
SERVICE ADVISOR CUSTOMER'S SIGNATURE

Agreement Slip		Exit Pass	
Vehicle No.: SHD4991Y		SHD4991Y	
Signature/Date		Date	

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 1/12/19 2. <input type="checkbox"/> New Name of Customer: WONG HONG CHUAN Contact No.: 97338961 Vehicle No.: SHD 4591-1 Make/Model/Colour: Email:	Time Received: 19:11	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 checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location:		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Overheating <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Starting Problem <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Return Taxi <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Loss Power <input type="checkbox"/> Engine Stalled	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Sin Ming <input type="checkbox"/> Senoko <input type="checkbox"/> Others: <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Pandan <input type="checkbox"/> Ubi <input type="checkbox"/> Cycle & Carriage (PD)		10. Odometer Reading : Fuel Level : F 1/4 1/2 3/4 E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input checked="" type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver : 2. AUMUGAN Vehicle No. : 41204093 Time Dispatch : 19:11 Time of Arrival : 19:40 Time Completed : 20:46	



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Job Attended

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

- 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™.

Date: 1/12/19	Time: 7:48 PM	Signature of Customer: M
---------------	---------------	--------------------------

14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
-------------------------------	------------------------	------------------------------------

ComfortDelGro Engineering Pte Ltd (Co. Reg No: 199506046W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TS

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

CL(S)

Singapore

LKK -

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/12/2019
Vehicle Reg. No.:	SHD4991Y	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	10/09/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU668613	Chassis No:	KMHLB41UMEU059612
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	2,136.40
Miscellaneous Items	11.00
Labour	1,140.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,287.40
+ GST 7.00% (S\$)	230.12
Nett Amount (S\$)	3,517.52

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

@1723hrs

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 02 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: ComfortDelGro Engineering Pte Ltd/SHD4991Y/02/12/2019 17:22

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 <i>ll</i>	20.00	0.00	*544.50 FL
2	1		*FRT FENDER RH <i>Buc</i>	20.00	0.00	*663.00 FL
3	1		*HEADLAMP RH <i>8 ✓ CRY</i>	20.00	0.00	*1,388.00 FL
4	1		*TOWING FEE <i>XXXX ✓</i>	0.00	0.00	*60.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)

2,655.50 *2595.5*

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

519.10

Total Parts (S\$)

2,136.40 *2076.4*

ComfortDelGro Engineering Pte Ltd/SHD4991Y/02/12/2019 17:22. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

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:



Estimates on Miscellaneous Items


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

Estimates on Labour

No	Particulars	Lab.Type	Amount	
<u>Labour Items</u>				
1	PANEL BEATING	New	560.00	280
2	SPRAY PAINTING	New	500.00	400
3	CHECK LIGHTINGS	New	40.00	20
4	TUFF KOTE	New	40.00	20
Gross Labour Cost (S\$)			1,140.00	

ComfortDelGro Engineering Pte Ltd/SHD4991Y/02/12/2019 17:22. Not valid without Reference section.
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 3 Days.
Lump sum repair.
After repair photos.
Gao Qiao
03/12/19.

29 ~~80~~ 76
2400

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305358541

Date : 05/12/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : GUO QIANG

Vehicle Reg No. : SHD4991Y

Date of Accident : 01-Dec-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 --- YM1440S

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%

\$2,400.00

Final Lumpsum Repair cost

\$2,400.00

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature :

Name : GUO QIANG

Date :

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:

REPAIR DETAILS**Reference****Part Source:** MRM-SG

Version: 1.0 (Last Synchronised: 04 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: ComfortDelGro Engineering Pte Ltd/SHD4991Y/04/12/2019 18:12**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		*TIE-ROD RH <i>BT</i>	20.00	0.00	*94.70 FL
2	1		*FRONT BUMPER UPR BRKT RH <i>QA</i>	20.00	0.00	*22.40 FL
3	1		*FRONT FENDER RETAINER RH <i>QA</i>	20.00	0.00	*24.60 FL

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)

141.70

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

28.34

Total Parts (S\$)

113.36

ComfortDelGro Engineering Pte Ltd/SHD4991Y/04/12/2019 18:12. Not valid without Reference section.
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ComfortDelGro Engineering Pte Ltd (Co. Reg. No: 199508048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

(SUPPLEMENTARY)

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
SOH & TAN ENTERPRISES PTE LTD
 Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:	MB016534	Date of Loss:	01/12/2019
Vehicle Reg. No.:	SHD4991Y	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	10/09/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU668613	Chassis No:	KMHLB41UMEU059612
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	113.36
Miscellaneous Items	0.00
Labour	0.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	113.36
+ GST 7.00% (S\$)	7.94
Nett Amount (S\$)	121.30
+ Previous Estimates (S\$)	3,517.52
Claim Total (S\$)	3,638.82

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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/TMI19021292/GTF3N2
Date: 23/12/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MB016534
Claimant Vehicle No :	SHD4991Y	Insured Vehicle No :	YM1440S
Date of Loss:	01/12/2019	Nature of Claim:	TP
		Claim No:	M1909400

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD4991Y	Engine No:	D4FDGU668613
Make & Model:	HYUNDAI I40, 1.7 D CRDI (A)	Chassis No:	KMHLB41UMEU059612
Reg. Date:	10/09/2014 (Man. Year: 2014)	Odometer:	527955 km
Colour:	Blue		
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:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	CST 6 mm	Rear Left Side:	CST 6 mm
Front Right Side:	CST 6 mm	Rear Right Side:	CST 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,249.76	2,249.76	0.00	0.00
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,140.00	720.00	420.00	36.84
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,400.76	2,980.76	420.00	12.35
Approved Total (Overridden) (S\$)		2,400.00		
(S\$)	3,400.76	2,400.00	1,000.76	29.43
+ GST 7.00/7.00% (S\$)	238.06	168.00	70.06	29.43
Nett Amount (S\$)	3,638.82	2,568.00	1,070.82	29.43

INSPECTION

Date of Assignment:	03/12/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	03/12/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: XING GUO QIANG

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: 23 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 SHD4991Y)	
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	Reference	Amount
1	1		*FRT BUMPER	Deformed	544.50 FL	-	*544.50 FL
2	1		*FRT FENDER RH	Buckled	663.00 FL	-	*663.00 FL
3	1		*HEADLAMP RH	Cracked	1,388.00 FL	-	*1,388.00 FL
4	1		*TOWING FEE		60.00 F	-	*60.00 F
Supplementary #1							
5	1		*TIE-ROD RH	Bent	94.70 FL	-	*94.70 FL
6	1		*FRONT BUMPER UPR BRKT RH	Cracked	22.40 FL	-	*22.40 FL
7	1		*FRONT FENDER RETAINER RH	Cracked	24.60 FL	-	*24.60 FL
					Sub Total (S\$)	2,797.20	2,797.20
					- List Item Discount on L Items 20.00/20.00% (S\$)	547.44	547.44
					Total Parts (S\$)	2,249.76	2,249.76

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

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

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	560.00	280.00
2	SPRAY PAINTING	New	500.00	400.00
3	CHECK LIGHTINGS	New	40.00	20.00
4	TUFF KOTE	New	40.00	20.00
Gross Labour Cost (S\$)			1,140.00	720.00

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< END OF ESTIMATES >